

Name
in
Full

Edward W. Altrater



CERTIFICATE OF DEATH

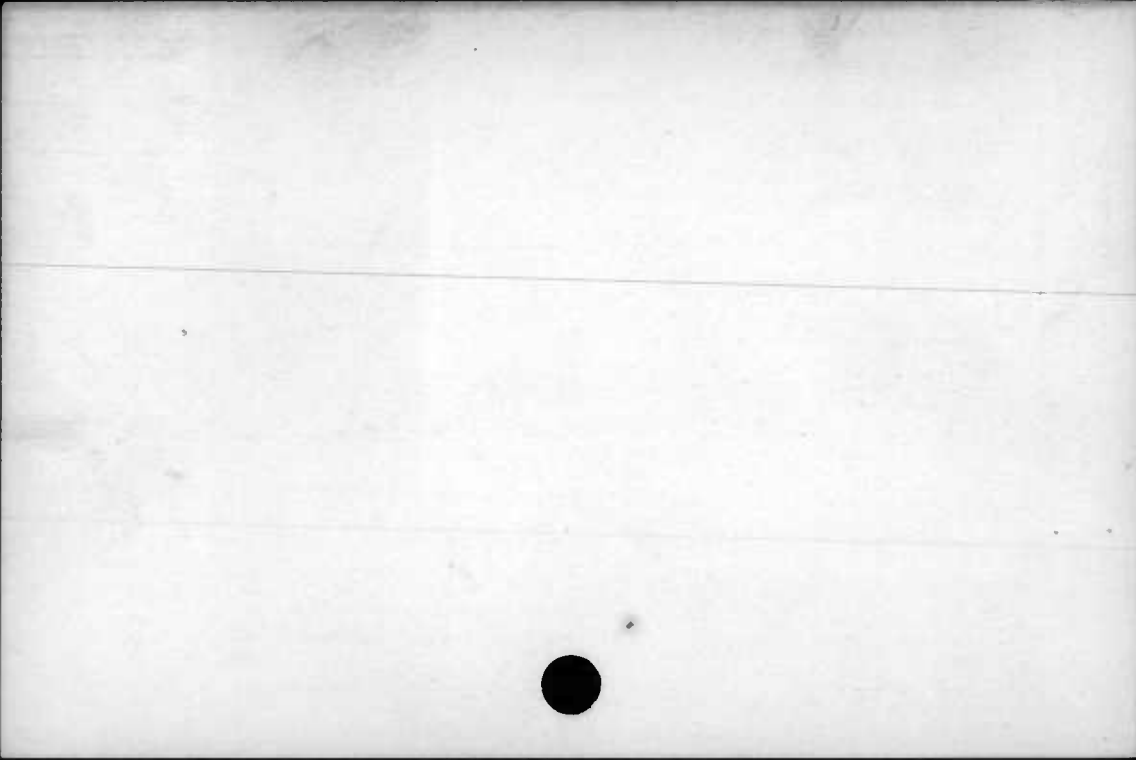
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Upper Falls		County Ballo		MARYLAND	
Date of death		Month May	Day 15	Years 67	Months 7	Days 4	
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Physician			Where Residing if not at place of death			✓
Married, Single or Widowed	Married		Name of Wife or Husband — Altrater				
Father's Name	Garrett Altrater				Father's Birthplace	Md.	
Mother's Maiden Name	Louisa Williams				Mother's Birthplace	Ballo Md.	
Name of person giving information	Garrett Altrater				How related to deceased	Bro.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Breakdown		How long	3 Years
Immediate	Apoplexy		How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. F. H. Yonck		
Address		Fork Md		
				
				
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Fred Andre* Town *St. Agnes' Hosp.* County *Balto.* MARYLAND

Died at *St. Agnes' Hosp.*

Date of death *1905* Month *May* Day *22* Age *30* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Balto.*

Occupation *Worked in saw-mill* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *Henry Andre* Father's Birthplace *Germany*

Mother's Maiden Name *Chas. G. Jackson* Mother's Birthplace *Germany*

Name of person giving information *Chas. G. Jackson* How related to deceased *brother-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis*

How long

Immediate *Exhaustion*

How long

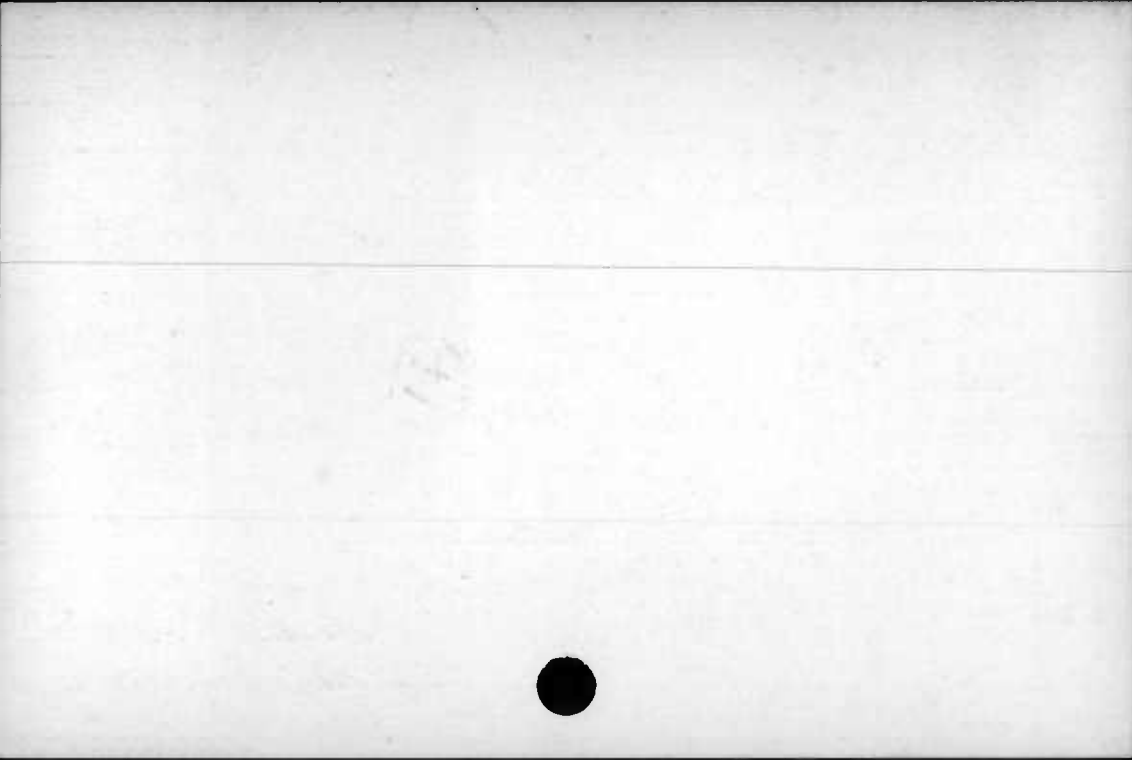
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. T. Mason M.D.
St. Agnes Hospital



Name
in
Full

Mollie D. Augustine

CERTIFICATE OF DEATH

Died at

Mt Hope

County

Baltimore

MARYLAND

Date

of death

1905

Month

May

Day

5

Age

Years

34

Months

unknown unknown

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore Md.

Occupation

None

Where Residing if not
at place of death

unknown

Married, Single
or Widowed

Married

Name of Wife or
Husband

unknown

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
In formation

Reeds Mt Hope

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Mania Chronic

How long

2 yrs

Immediate

Ex. Pul. Tuberculosis

How long

2 years

Are the name, age, sex, color, date
and place correctly given, above?

yes

Signature of
Physician

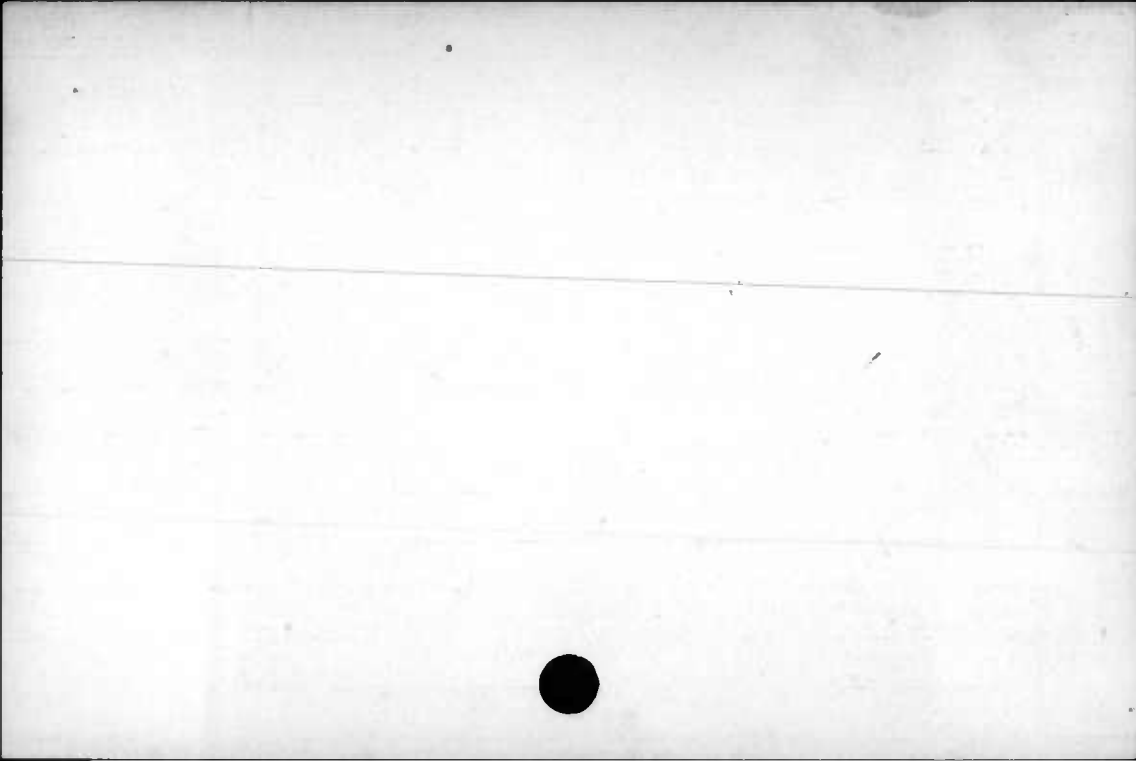
Frank J. Flannery

Address

Mt Hope Retreat
Baltimore Md.

Cause of Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frederick Albert Bates

CERTIFICATE OF DEATH

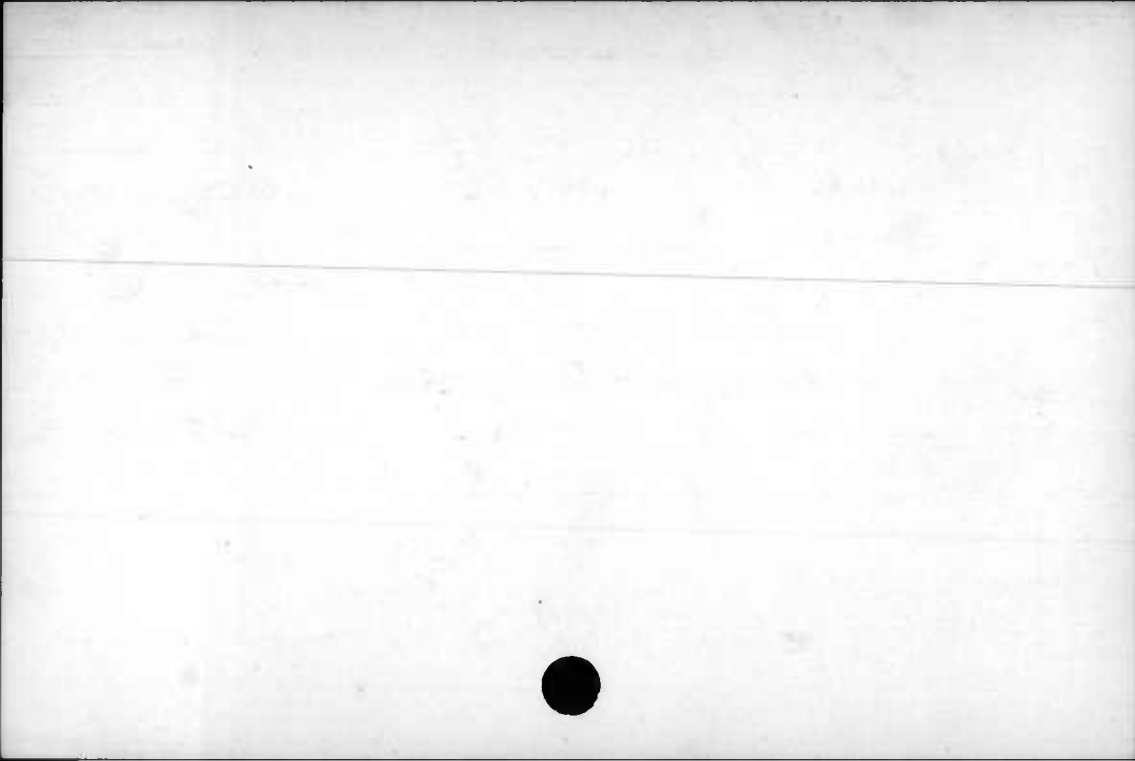
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>16th</i>	Age <i>35</i>	Years	Months <i>8</i>	Days <i>20</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Wheeling W. Va</i>				
Occupation <i>Optician</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>Josephine Bates</i>					
Father's Name <i>James Odbert Bates</i>				Father's Birthplace <i>Stearnsville O.</i>			
Mother's Maiden Name <i>Julia Augusta Smith</i>				Mother's Birthplace <i>Leetown W. Va</i>			
Name of person giving information <i>Mr. J. O. Bates</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>several years</i>
Immediate	<i>By Asthenia</i>	How long	<i>several months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. R. Ashner M.D.</i>	
		Address <i>Catonsville</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1905

Month

May

Day

9

Age

Years

76

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

George Beck

Father's
Name

Christian Wingisch

Father's
Birthplace

Germany

Mother's
Maiden Name

Catherine Coleman

Mother's
Birthplace

do

Name of person giving
information

Jennie Beck

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Diabetes

50

How long

Four Years

Immediate

Heart failure

How long

Fifteen Minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles H. Hill

Address

Mylin av.
Balt. Co. Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER

Stewart Mowen

215 Park Baltimore

Md.

Greenmount Cemetery

May 30 1905-

Name
in
Full

Catherine M. Bond

CERTIFICATE OF DEATH

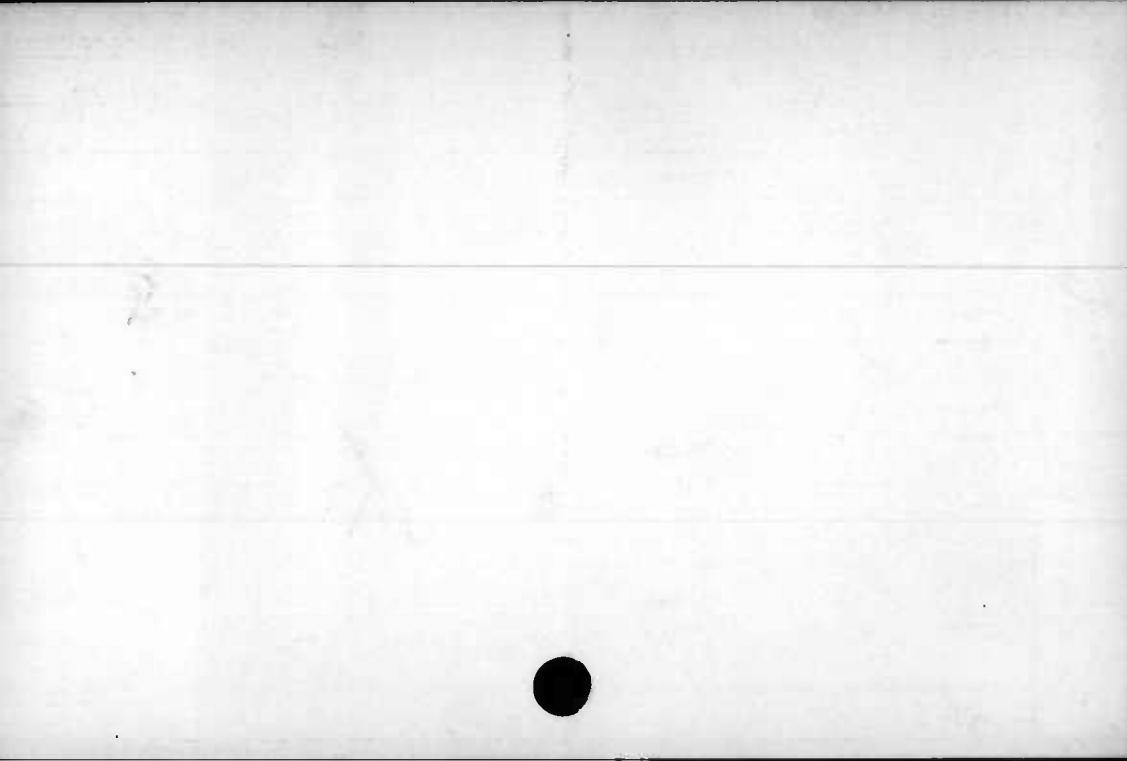
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fork</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>5th</i>	Age	Years <i>84</i>	Months	Days
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>
Occupation	<i>none</i>			Where Residing if not at place of death		<i>✓</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>John H. Clayton</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Nancie Tremaine</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Webster Bond</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular heart disease</i>		How long	<i>3 years</i>
Immediate	<i>General debility</i>		How long	<i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>D. F. Gossel</i>	
			Address <i>Fork Md.</i>	
Accident or Suicide?				



Name
in
Full

Soniza M. Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stig hand town		County Balto.		MARYLAND	
Date of death	1905	Month 5	Day 12	Age 1	Years 1	Months —	Days 2
Sex	Female		Color or Race	white		Birth- place	Balto. Co.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name				Wm. L. Bond			
Father's Birthplace				Md			
Mother's Maiden Name				Elizabeth Nichel			
Mother's Birthplace				Md			
Name of person giving In formation				Wm. C. Bond			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebro-Spinal Meningitis	How long	5 wks.
Immediate	Meningitis	How long	" " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Glantz
Yes-		Address	41 Eastern Ave. E. B.
Accident or Suicide?			

J Herwig & Son
MA Carmel

5/14/05

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Bond		City Highlandtown		County Balto.		State MARYLAND	
Died at		Date of death		Age		Months	
		1905 May 2		63		5	
Sex Male		Color or Race White		Birth-place Balto.			
Occupation Merchant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Elizabeth Bond					
Father's Name Wm Bond		Father's Birthplace Ind.					
Mother's Maiden Name Mary Heiser		Mother's Birthplace Ind.					
Name of person giving information Elizabeth Bond		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute tuberculosis	How long
Immediate	Respiratory failure	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. C. Burk M.D.
Address 2000 E. Buel. St -		
Accident or Suicide? No		

No. 12

Name
in
Full

Footnote of Emma Braun.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marrell Park</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>May</i>	Day <i>16.</i>	Age <i>5</i> Years	Month <i>5 months</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth place <i>Marrell Park</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Charles Brown</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Emma Rittershofer</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Henry Rittershofer</i>			How related to deceased <i>Dr bondon</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Placenta praevia</i>	How long	<i>5 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edward H bondon</i>	
Address <i>1403 W. Fayette</i>			
Accident or Suicide? <i>no</i>		<i>Balt -</i>	

C. W. Dill
Louden Park,

Name
in
Full

William J. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chase		County Baltimore		MARYLAND	
Date of death 190	5	Month May	Day 25 th	Age	not known	Years	Months
Sex	man		Color or Race	Colored		Birth- place	Balto County
Married, Single or Widowed	married			Occupation Farmer			
Name of Wife or Husband				Rachel, Brown			
Father's Name				Isaac, Brown			
Mother's Maiden Name				Betty, Blake			
Name of person giving Information				Rachel, Brown			
				Father's Birthplace Balto County			
				Mother's Birthplace not known			
				How treated to deceased wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	natural causes	How long	179
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		James F. Gibney J.P.	
Address		Chase and	
natural death			
Accident or Suicide?			



Name

in
Full

Charles Henry Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at

Corbett

Town

Balt.

County

Date

of death 1905 May

Month

Day

31

Age

Years

64

Months

5

Days

Sex

Male

Color or
Race

White

Birth-
place

Balt. W

Occupation

Painter

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Anne M Bryan

Father's
Name

James Bryan

Father's
Birthplace

Balt. W

Mother's
Maiden Name

Sarah E. Stansbury

Mother's
Birthplace

Baltimore

Name of person giving
Information

Anne M. Bryan

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Spleenitis

How long

8 mo

Immediate

Cardiac Anthraxis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

T. Ross Payne

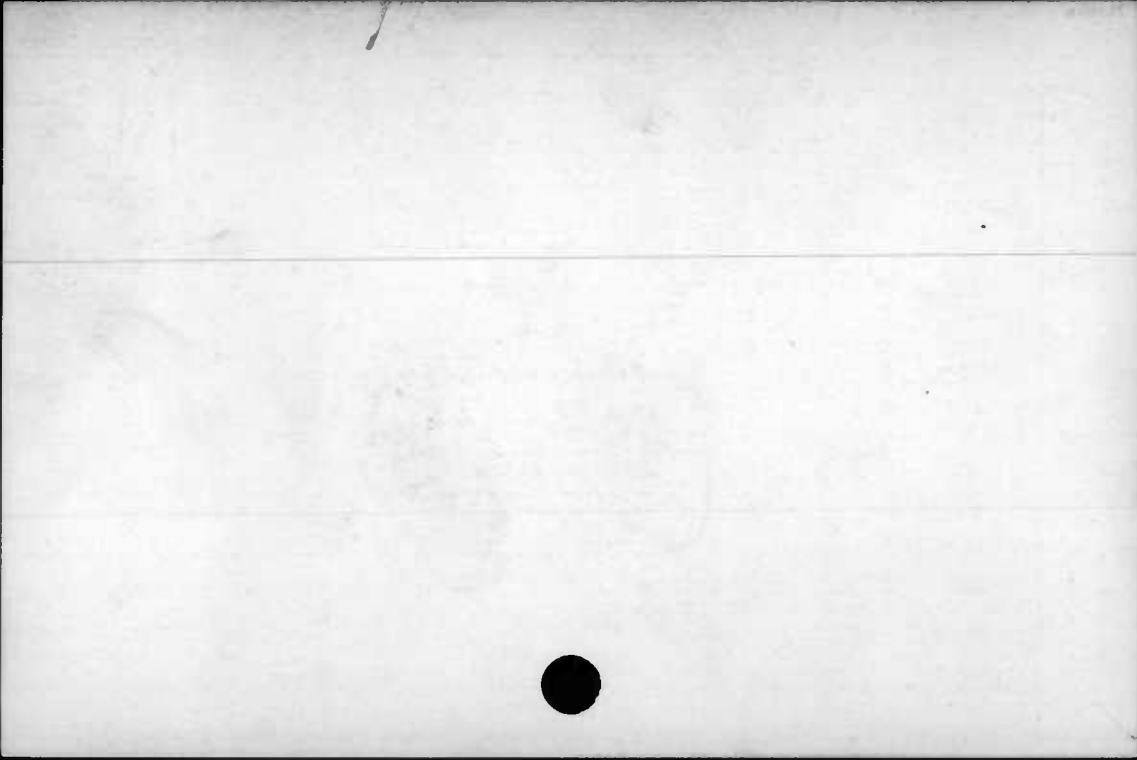
Address

Corbett

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lillie Morris Bull

CERTIFICATE OF DEATH

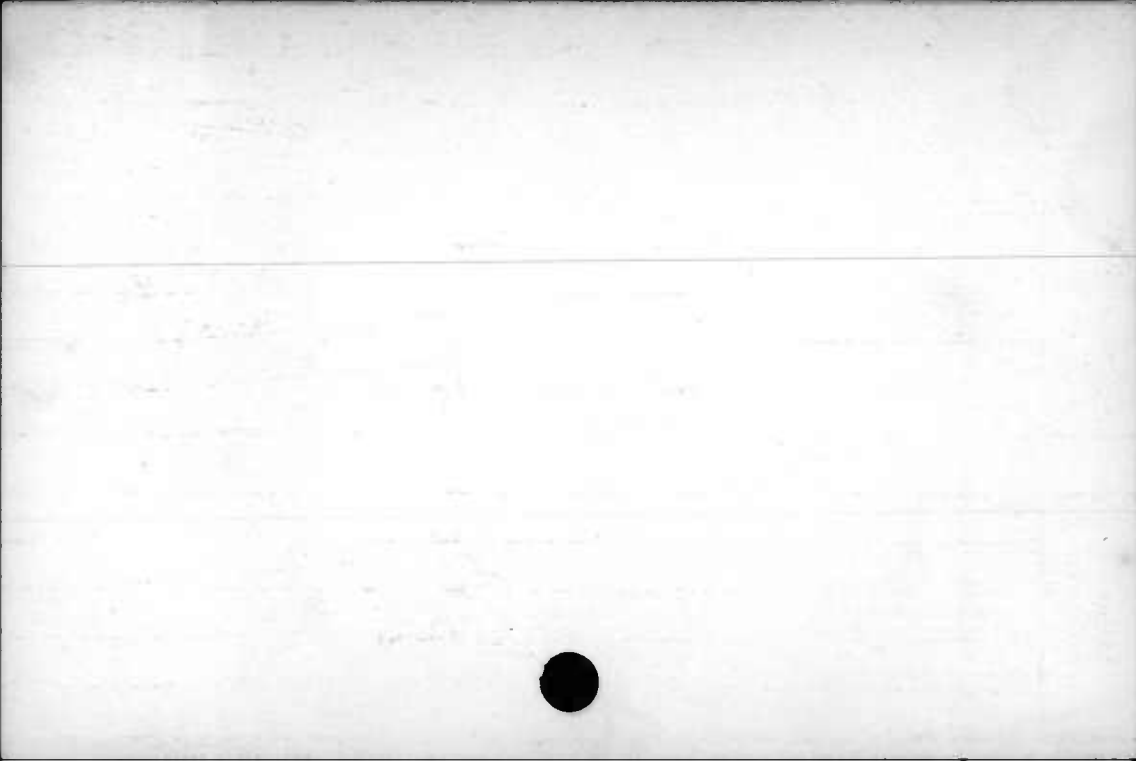
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkton</i> <small>Town</small>		<i>Balt</i> <small>County</small>		MARYLAND	
Date of death	<i>1903-</i>	Month <i>3-</i>	Day <i>11</i>	Age <i>17</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Eli J. Bull</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Lena Bush</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Eli J. Bull</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary consumption</i>	How long <i>1 year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. R. Morris</i>
	Address <i>Parkton</i>
Accident or Suicide? <i>7</i>	<i>Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1905	Month	May	Day	20	Age	44
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Widower			Name of Wife or Husband			
Father's Name	Thos. Clarke			Father's Birthplace			
Mother's Maiden Name	Indiana Hopkins			Mother's Birthplace			
Name of person giving information	Chas. Baldwin			How related to deceased			
				Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. O'Mara M.D.</i>	
	Address <i>St. Agnes Hospital</i>	
Accident or Suicide?		



Name
in
Full

Addison Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grange</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>5</u> ^{Day} <u>25</u>		Age <u>70</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Virginia</u>	
Occupation <u>Farm Laborer</u>		Where Residing if not at place of death <u>Essex Co. Va.</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Birdie Cole</u>			
Father's Name <u>Samuel Cole</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Not Known</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Samuel Cole</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old Age</u>	How long	<u>15H</u>
Immediate	<u>Exhaustion</u>	How long	<u>5 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Frederick Y. Pfeffer</u>	
		Address <u>1218 First St Baltimore, Md.</u>	
Accident or Suicide? <u>—</u>			

H. Sanders & Sons
Ware's Wharf
Va.

Name
in
Full

Isaac Philmore Digg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Towson

County

Balto.

MARYLAND

Date

of death 1905

Month

5

Day

27

Age

Years

66

Months

—

Days

—

Sex

Male

Color or
Race

(Cal)

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Digg

Father's
Birthplace

Md.

Mother's
Maiden Name

Ann Digg

Mother's
Birthplace

Md

Name of person giving
In formation

John Beard

How related
to deceased

friend

CAUSES OF DEATH

Primary

Pulmonary Hemorrhage

How long

3 hours

Immediate

Cardiac Asthenia

How long

35 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Bayless Green, M.D.
Towson Md.PHYSICIAN
OR CORONER

Accident or Suicide?

undertaker R.A. Elliott
506 Rogers Ave

Saney Cotton Fawcett

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Woodlawn ^{County} BaltoDate of death 1905 ^{Month} May ^{Day} 13. ^{Age} 59. ^{Years} 9 ^{Months} 11 ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Md.Occupation Laborer ^{Where Residing if not at place of death} WoodlawnMarried, State ~~Widowed~~ Married ^{Name of Wife or Husband} Mary E. KitzmanFather's Name David Henry Kitzman ^{Father's Birthplace} GermanyMother's Maiden Name Not Known ^{Mother's Birthplace} GermanyName of person giving Information Mary E. Kitzman ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Intestinal Obstruction ^{How long} 4 daysImmediate Shock & Operation ^{How long}Are the name, age, sex, color, date and place correctly given above? ☒ ^{Signature of Physician} Dr. J. J. J. J.

Address

Woodlawn.

Accident or Suicide? ☐

Lorraine Cunn
Jos B. Cook

Name
in
Full

Stephen Morgan Dunton

CERTIFICATE OF DEATH

Town

County

Died at

Towson

Baltimore

MARYLAND

Date

of death 1905

Month

V

Day

9

Age

Years

Months

six

Days

Sex

male

Color or
Race

white

Birth-
place

Towson

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Wm Rush Dunton, Jr

Father's
Birthplace

Phila, Pa.

Mother's
Maiden Name

Edna D. Hogan

Mother's
BirthplaceMountville
W. VaName of person giving
In formation

Wm Rush Dunton, Jr.

How related
to deceased

father

CAUSES OF DEATH

Primary

Streptococcus infection

How long

5 weeks

Immediate

Exhaustion

How long

1 week.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm Rush Dunton, Jr

Address

Towson, Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Henry M Jenkins Santos.

Prosper Hill Country.

Name In Full

Certificate of Death

Elizabeth Cleuroad

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

May

8

Age

about 87 yrs

Ind

none

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

~~Husband~~

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

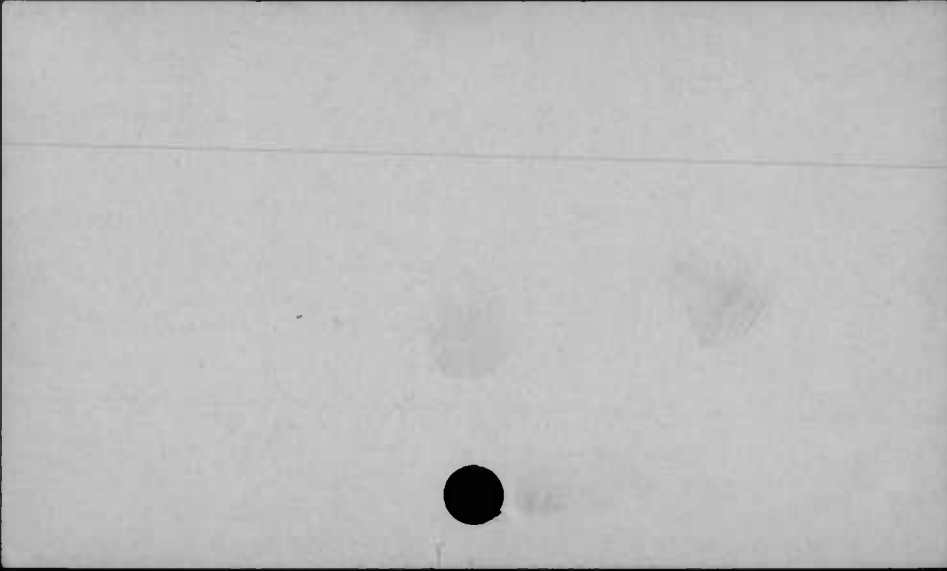
How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Philip Emmons

Town

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1905

Month

May

Day

29

Age

Years

—

Months

9

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Inanition

How long

Immediate

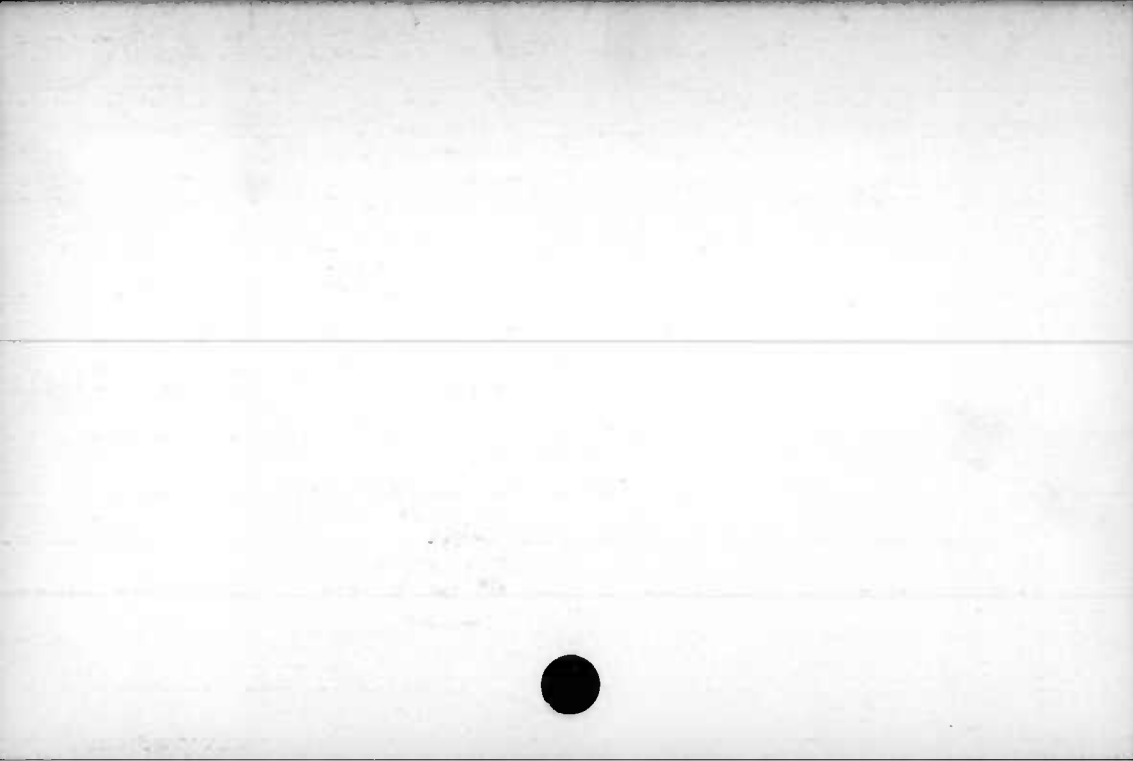
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Frank T. Turner
White Hall
Md.

Accident or Suicide?



Name
in
Full

Saml J. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Endswood</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>5</u>	Day <u>15</u>	Age <u>24</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth- place <u>Baltimore</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Elevator Constructor</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Mrs Hoffman</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 1/2 years</u>
Immediate <u>Exhaustion</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. A. Jarrett</u>
<u>J</u>	Address <u>Towson, Md.</u>
Accident or Suicide? <u>no</u>	

2. A Hudenfeld Jr

Place of burial not selected

Name
in
Full

Frances E. Firmwalt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>190</i>	Month <i>May</i>	Day <i>8</i>	Age <i>3</i>	Months <i>9</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sparrows Pt.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles E. Firmwalt</i>			Father's Birthplace <i>Penn.</i>		
Mother's Maiden Name <i>Clara J. Sharfer</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>Chas. E. Firmwalt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>8 days.</i>
Immediate <i>Diphtheritic Toxaemia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Eldred, M.D.</i>
	Address <i>Sparrows Point</i>
<i>Widow or Suicide</i>	<i>Wid</i>

Hess. On April 23

1905.

Hellan Hess below

husband of Jennie Hess.

Dear Mother of?

415 Eighth St.
To 836 Baltimore Ave

Name
in
Full

Edwin C. Fourhman.

CERTIFICATE OF DEATH

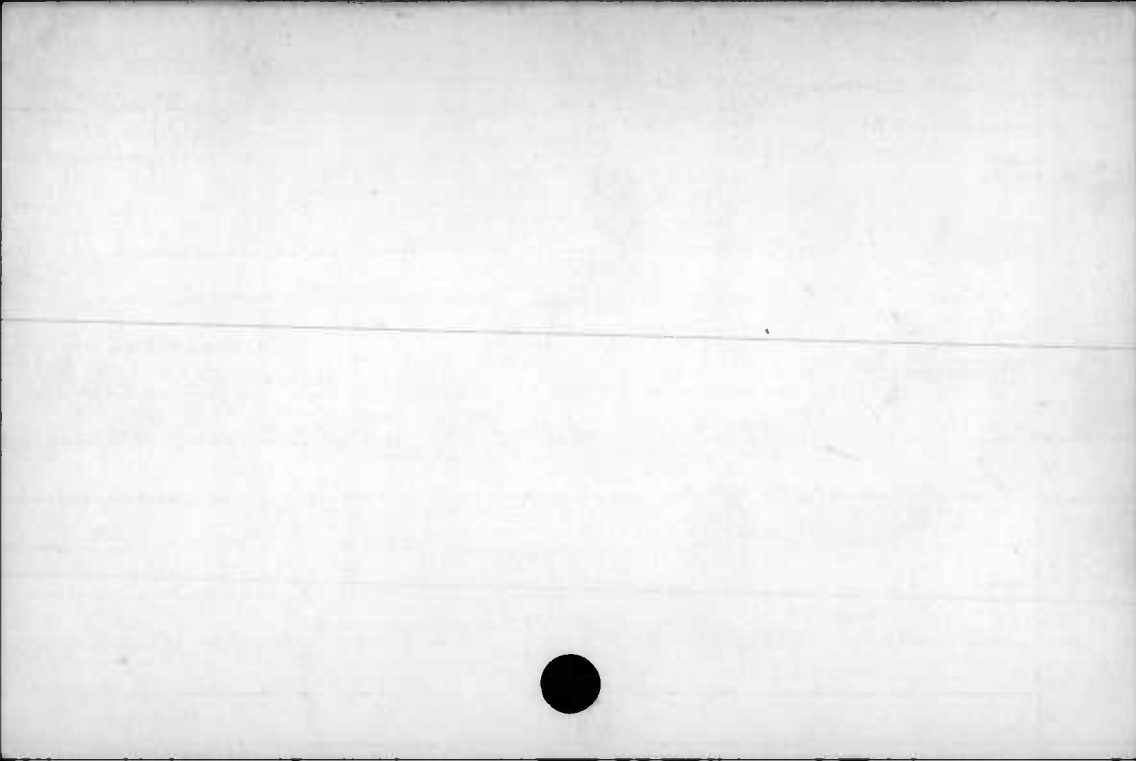
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
6th District		Baltimore					
Date of death 1905	Month May	Day 17	Age 16	Years 3	Months 9	Days 9	
Sex Male	Color or Race White	Birth- place Stiltz P.O.					
Married, Single or Widowed Single		Occupation Laborer.					
Name of Wife or Husband							
Father's Name Wm. F. Fourhman.				Father's Birthplace Hoffmanville			
Mother's Maiden Name Laura V. Fourhman				Mother's Birthplace Hoffmanville			
Name of person giving In formation Parents				How related to deceased Parents			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Five days
Immediate	Typhoid Pneumonia	How long	Five days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician E. R. Albough.	
		Address Glen Rock, R. F. D. #11, Pa.	
Accident or Suicide?			



Name
in
Full

Rosa Sevelia Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Warren		County Balto.		MARYLAND	
Date of death		1905	Month 5	Day 28	Age 18	Years 7	Months 8
Sex Female		Color or Race White		Birth-place Warren Ind.			
Occupation Mill Operator		Where Residing if not at place of death at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Sam'l Frederick		Father's Birthplace Carroll Co. Md.					
Mother's Maiden Name Martha Jane Tipton		Mother's Birthplace Hampstead Md.					
Name of person giving information Martha Jane Frederick		How related to deceased brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Miliary Tuberculosis	How long	Six weeks.
Immediate	Asthma & Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Wilmer C. Eason M.D.	
Address		Cockeysville Md.	
Accident or Suicide?			

Interment at Popular
Cemetery May 3, 1882

W. C. Brooks

Please return permit

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Stoltz TownCounty BaltoDate of death 1905 May 7 Age 1 Years 11 Months 20 DaysSex Male Color or Race White Birth-place Rail Road York Pa.

Occupation _____ Where Residing if not at place of death _____

☒ Married, Single
or ~~Widowed~~Name of Wife or
Husband _____Father's Name Howard David FuhrmanFather's Birthplace Tenn.Mother's Maiden Name Alie HluskyMother's Birthplace " "Name of person giving
In formation Howard FuhrmanHow related
to deceased Father

CAUSES OF DEATH

Primary Pneumonia; Hydrocephalus 93 How long 3 weeks.Immediate Constricted Lung. How long 3 days.Are the name, age, sex, color, date
and place correctly given above? Yes.Signature of
Physician Jas L. YagelAddress New Hudson,
Pa.Accident or Suicide? —

Buried St Francis
York Co Pa.

May 90 da

Wm L Sartorius
undertaker.

Name
in
Full

Helen Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{TOWN} <i>Goravestown</i>		^{COUNTY} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>20</i>	Age <i>66</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Scotland</i>		
Occupation <i></i>			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>John Hardy</i>			
Father's Name <i>John Hardy</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Helen Turnbull</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs. Sanderson</i>			How related to deceased <i>deceased</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>age</i>	How long <i></i>
Immediate <i>Heart failure</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Duncan</i>
	Address <i>Goravestown Md</i>
Accident or Suicide? <i>No</i>	

Edward A. Wedgfeld Jr
Holy Cross.

Name
in
Full

Gusland Gee

CERTIFICATE OF DEATH

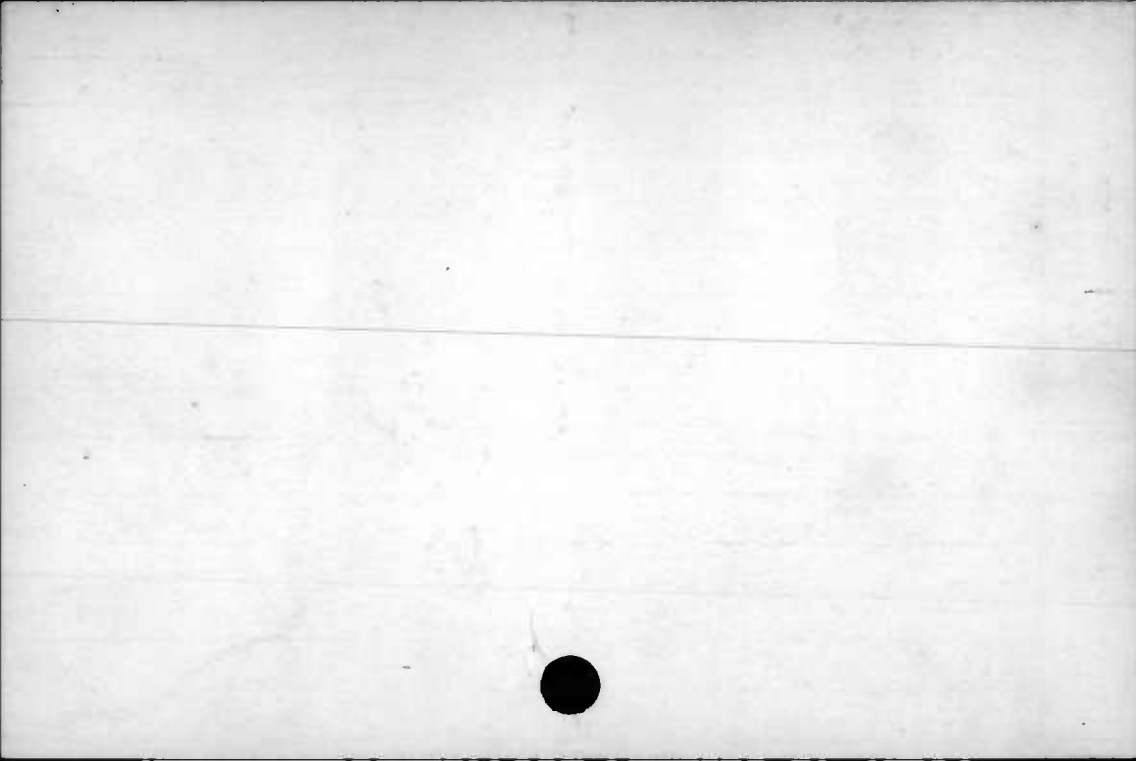
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		May	6 th	Age	21		
Sex		Color or Race		Birth-place			
Male		White		Va.			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Scott Gilem				Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	24 hours
Immediate	Meningitis	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. C. Elderred M. D.	
Address		Spencer Point	
Accident or Suicide?			



Name
in
Full

Flora King Gemmill

CERTIFICATE OF DEATH

Town

County

Died at Glyndon

Batto

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 May

Age

15-

Sex

Female

Color or
Race

white

Birth-
place

Batto co Md

Occupation

House Girl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jacob M. Gemmill

Father's
Birthplace

Batto co Md

Mother's
Maiden Name

Margaret P. Perry

Mother's
Birthplace

" " " "

Name of person giving
In formation

William Bull

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Cortical punctures with her hands

How long

Ten days

Immediate

Blood poisoning

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

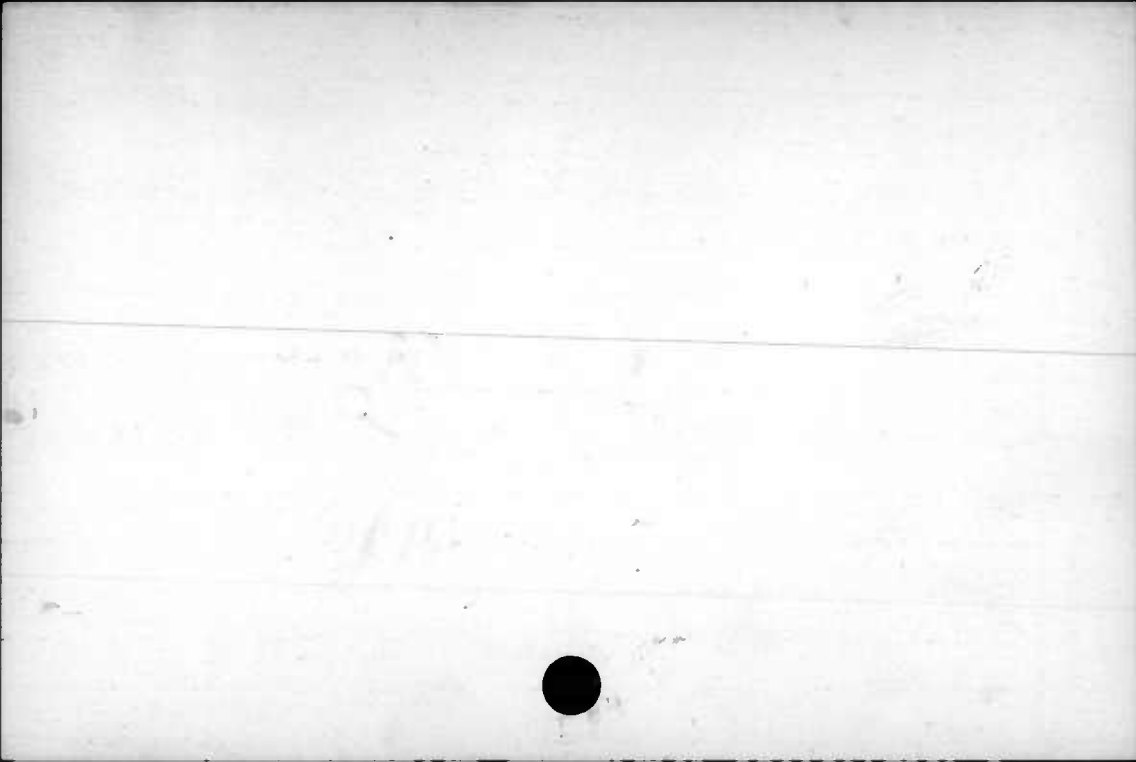
Thos Price

Address

Glyndon Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Salomon Goldberg

CERTIFICATE OF DEATH

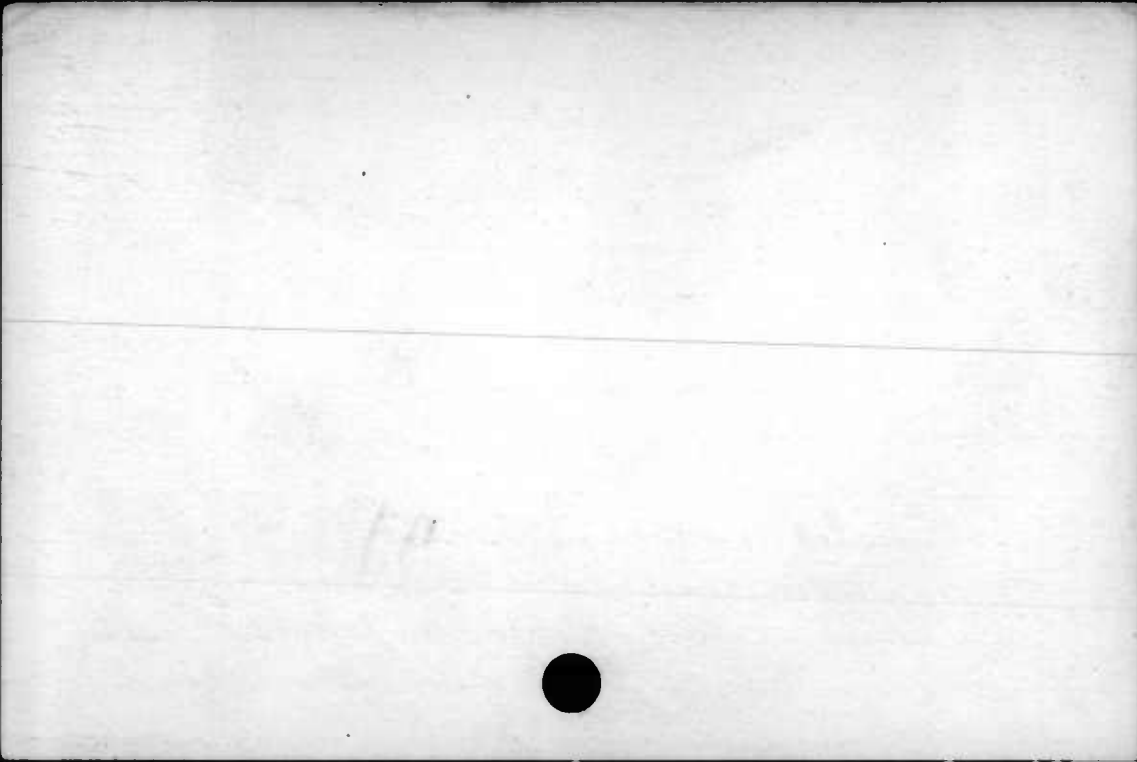
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		Town		County		MARYLAND	
Date of death <i>190</i>	Month <i>May</i>	Day <i>26</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birthplace <i>Russia</i>				
Occupation <i>Cigar Mfg</i>			Where Residing if not at place of death <i>1249 E Lexington</i>				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Myer Goldblum</i>		<i>79</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Minnie Gehrke</i>				Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Thomas L. Goldblum</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic</i>	How long <i>15 years</i>
Immediate <i>Valentin's Disease</i>	How long <i>8 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin A. Galt</i>
<i>9</i>	Address <i>Reisterstown</i>
Accident or Suicide?	



Name

in
Full

Sarahy A. Haberkam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>5</i>	Day <i>30</i>	Age <i>2</i>	Years	Months <i>1</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>C</i>					
Father's Name <i>Herman Haberkam</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Rosie Matthai</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Herman Haberkam</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Crushed to death by Dragon</i>	How long	
Immediate	<i>Hemorrhage</i>	How long	<i>166</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. M. Muelly</i>	
		Address <i>2160 Bond St</i>	
Accident or Suicide? <i>Q</i>			

Trinity Lane
H. Sandu Son.

Name

in
Full

CERTIFICATE OF DEATH

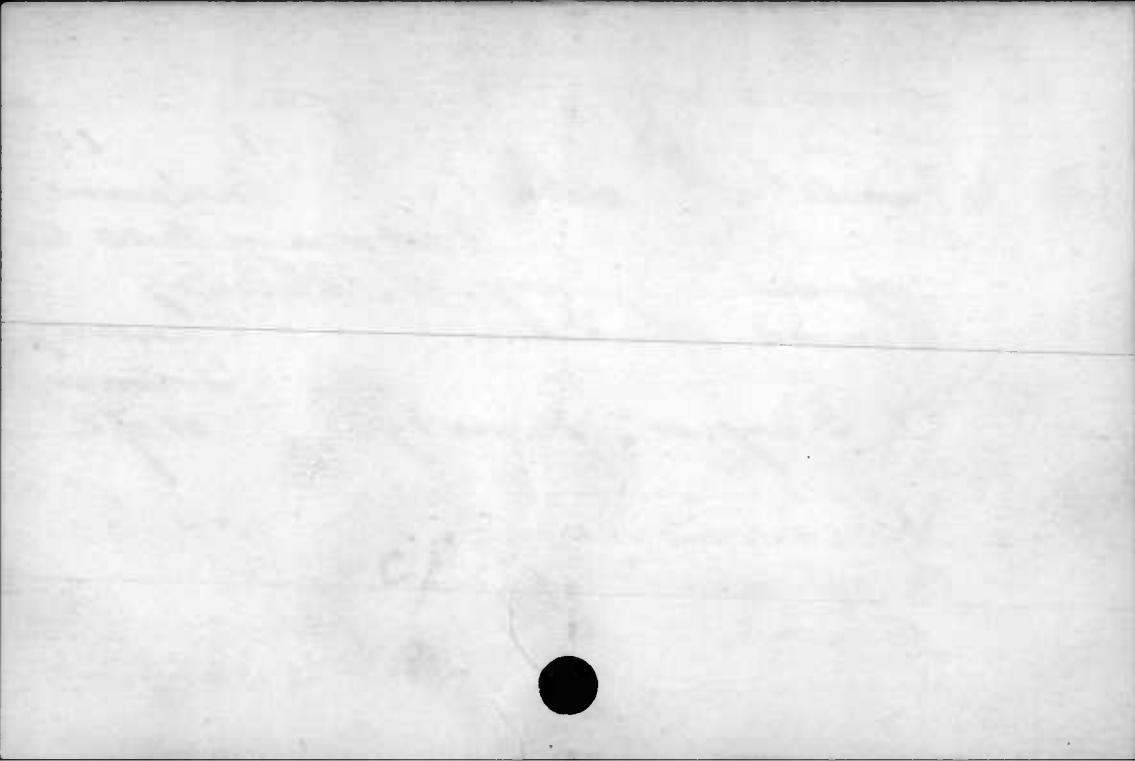
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Maud C. Huckman</i>		Town <i>Spinn Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Spinn Point</i>		Month <i>May</i>		Day <i>6</i>		Age <i>12</i>	
Date of death <i>1905</i>		Months <i>11</i>		Days <i>15</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>School-girl</i>		Where Residing if not at place of death					
Married, Single or Widowed <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband					
Father's Name <i>Augustus M. Huckman</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Ann E. Bruner</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>Augustus M. Huckman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>11 days</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. C. Eelwood</i>	
Accident or Suicide? <i>No</i>		Address <i>Spinn Point Md.</i>	



Name in Full		Agnon Hoge Harman.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Govane Town		Bulto County		MARYLAND
	Date of death		1905	May	29	Age	5
	Sex		Male		Color or Race		white
	Occupation				Birth-place		Balto Md
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Thomas J. Harman		Father's Birthplace		Virginia
Mother's Maiden Name		Cassie Hoge		Mother's Birthplace		Virginia	
Name of person giving information		H. S. Harmon		How related to deceased			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Diphtheria		How long		10 days
	Immediate		Nephritis - Heart failure		How long		3 1/2 days -
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo H Hocking
					Address		Sta 16. Baltimore Md.
	Accident or Suicide?						

E. Mason Mitchell

Staunton Va

Transportation

Name
in
Full

Alberta Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount Winans</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>22</i>	Age <i>34</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Mt Winans Bldg Co</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George W. Harvey</i>				
Father's Name <i>Charles Hartman</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>—</i>	Name of person giving information <i>George W. Harvey</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>15 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. S. Hall</i>
	Address <i>Mt Winans</i>
Accident or Suicide? <i>—</i>	

W. J. Jordan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth - E. Herda</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>5</i>		Day <i>15</i>	
Age		Years <i>1</i>		Months <i>—</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Herman C. Herda</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie E. Wietcher</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Herman C. Herda</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jac. L. Swartz</i>
<i>9</i>	Address <i>3 and 3 1/2 Highland</i>
Accident or Suicide? <i>No</i>	

Mt Carmel
H. Sander & Sons

Name
in
Full

Edna L. Holland

CERTIFICATE OF DEATH

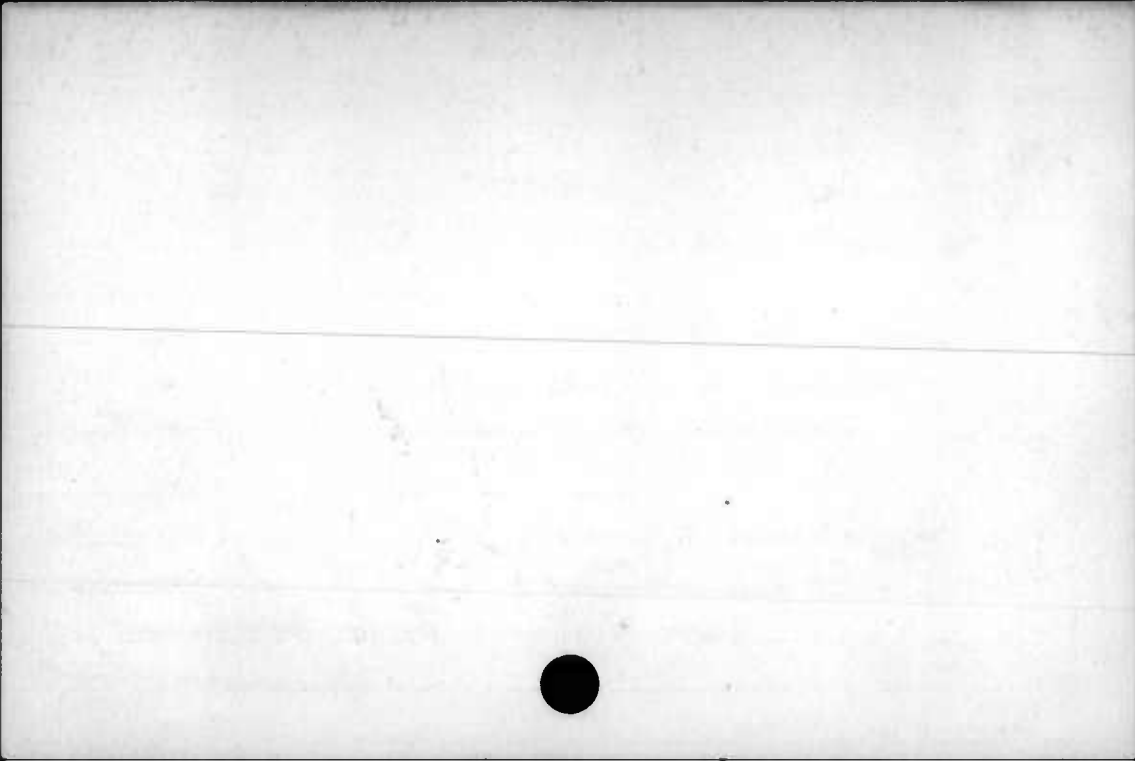
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Arlington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	Month <i>5</i>	Day <i>20</i>	Age <i>19</i>	Years <i>19</i>	Months <i>9</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Ma</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Dressmaker</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Levi Holland</i>				Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Annie Williamson</i>				Mother's Birthplace <i>Ma</i>			
Name of person giving In formation <i>Melvin Seitz</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>Six months</i>
Immediate <i>Emphysema</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>9</i>	Signature of Physician <i>Edwin E. Jones</i>
	Address <i>Arlington Ma</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Eunice Julia Howard

CERTIFICATE OF DEATH

Town

Died at

Morrap

Baltimore County

MARYLAND

Date

of death 1905

Month

May

Day

16

Years

20

Months

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Phoenix

Occupation

nurse

Where Residing if not
at place of death~~Married~~ Single
~~or Widowed~~Name of Wife or
HusbandFather's
Name

Columbus C. Howard

Father's
Birthplace

Morrap

Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Mrs C. C. Howard

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

22

Immediate

Pulmonary Tuberculosis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr R. B. Banson

Address

Laurelville 2222

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Poplar
Cemetery May 18th

Please return permit.

M. C. Brooks

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Thos Rowland Hughes
 Died at *Brook Lane* Town *Balti* County

Date of death *1905* Month *May* Day *22* Age *4 weeks* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Brook Lane*

Occupation *none* Where Residing if not at place of death *yes*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Harry Hughes* Father's Birthplace *Balti*

Mother's Maiden Name *Mary Eliz Baldwin* Mother's Birthplace *Balti*

Name of person giving information *David Baldwin* How related to deceased *Brother*

CAUSES OF DEATH

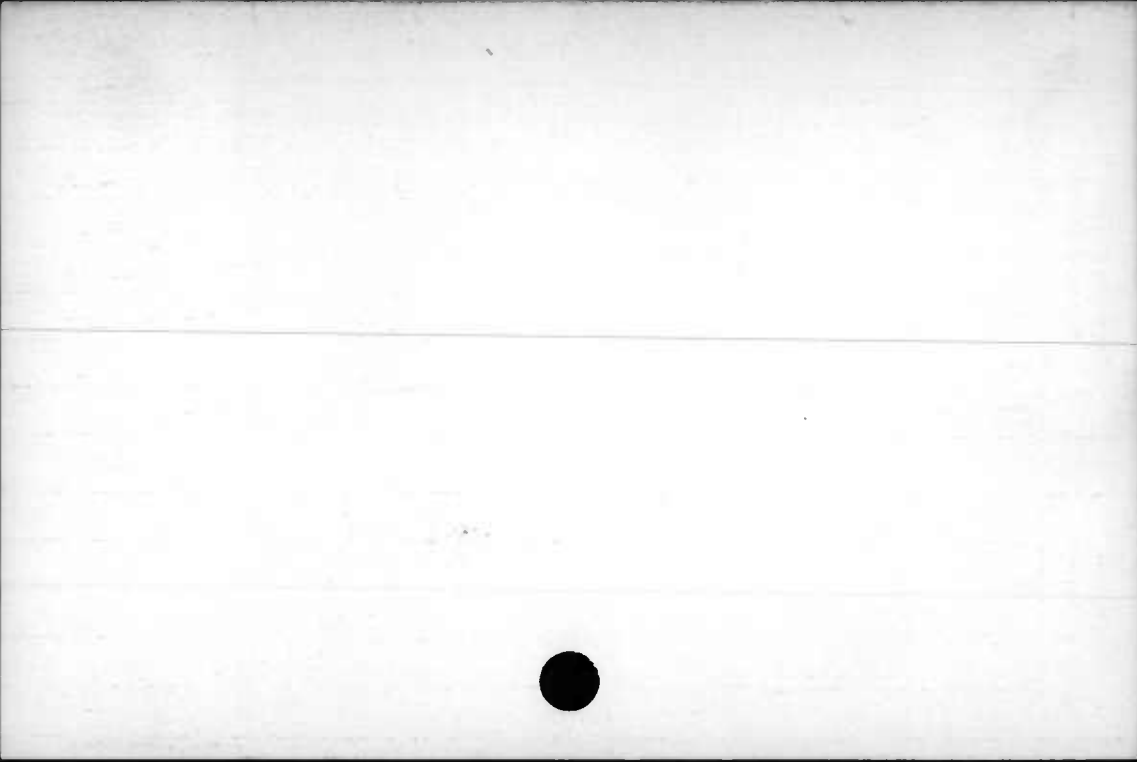
Primary *Corypela* How long *2 weeks*

Immediate *Exhaustion* How long *18*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. D. Cord and*

Address *Andoverville and*

Accident or Suicide? *None*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Jackson*

Died at *North Point* ^{Town} *Balto* ^{County} *MARYLAND*

Date of death *190* ^{Month} *May* ^{Day} *24* ^{Years} *67* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Negro* Birth-place *Virginia*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Jos Blair* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Natural Causes* ^{How long} *179*

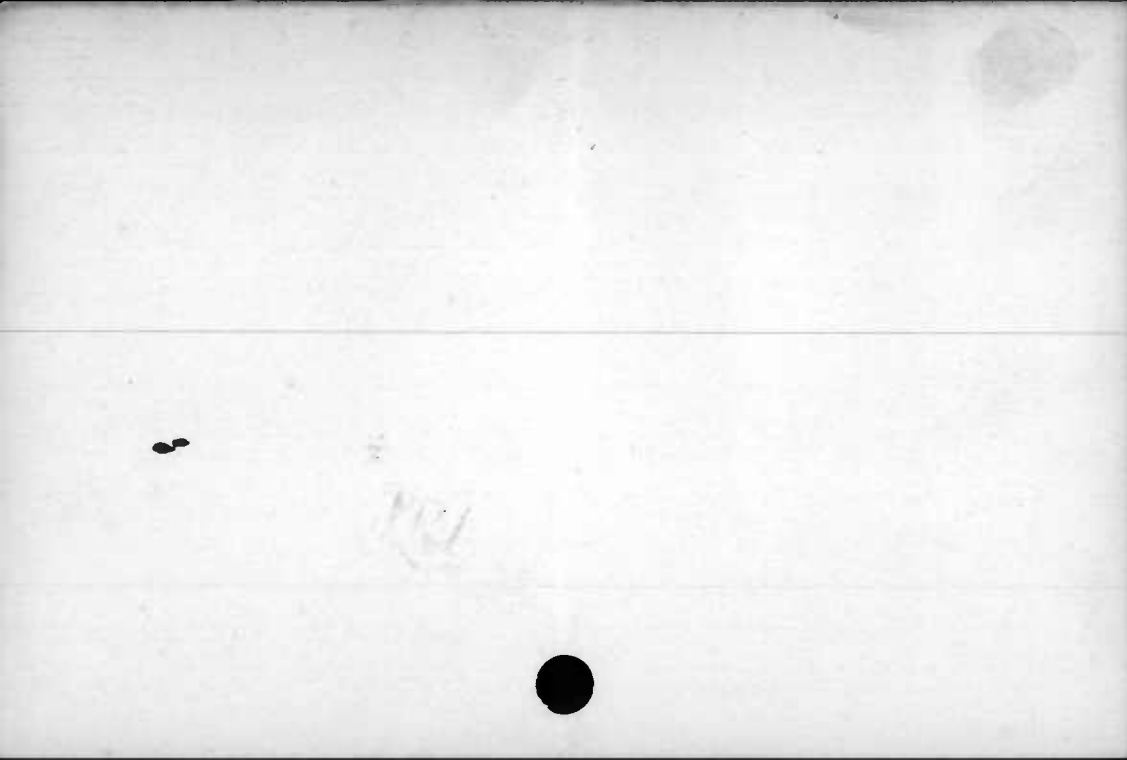
Immediate *Natural Causes* ^{How long} *—*

Are the name, age, sex, color, date and place correctly given above?

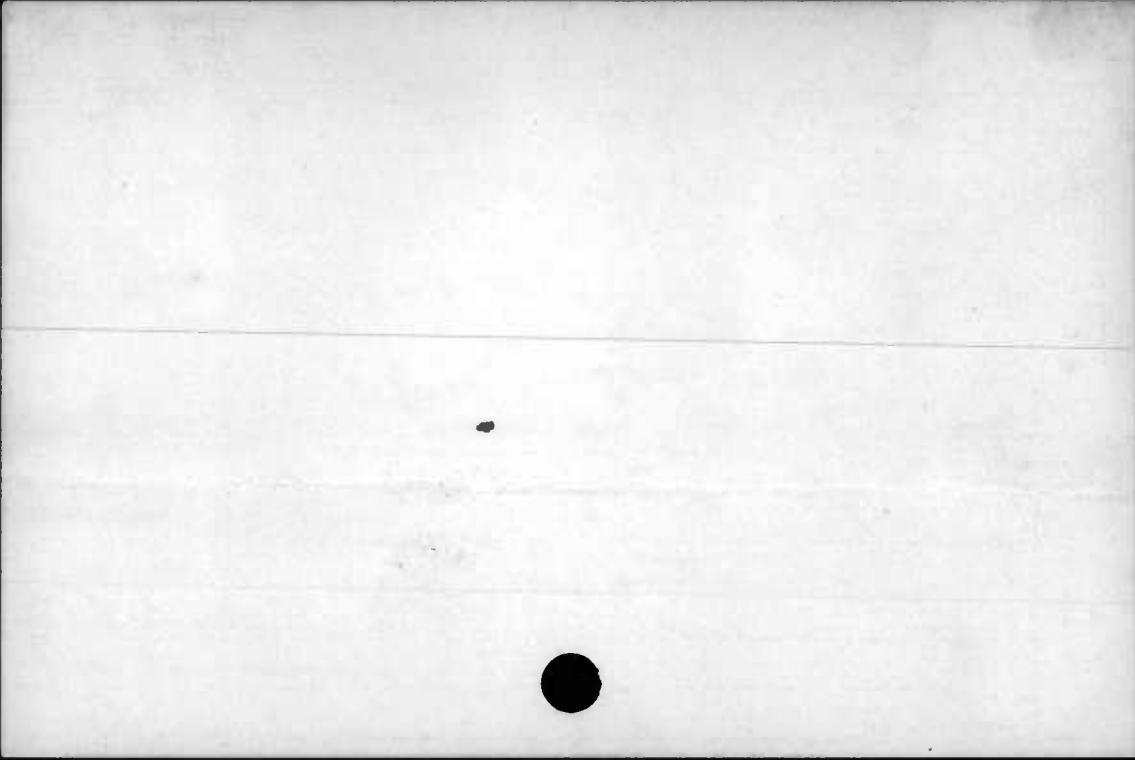
Signature of Physician

Address

Accident or Suicide?



Name in Full		James A. Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town White Hall		County Baltimore		MARYLAND	
	Date of death 1905	Month May	Day 25	Age 2	Months	Days	
	Sex	Male		Color or Race	Colored		Birth-place
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information			How related to deceased			
	Geo. Jackson			Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Rachitis			How long	Since Birth.	
	Immediate	Bronchitis			How long	about 4 Moos.	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			Mr. McLean Gostmd			
	Address			White Hall, Balto. County			
Accident or Suicide?							



Name

in'
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sequim Ave.*

Town

County

Baltimore

Date

of death *1905*

Month

May

Day

14

Age

Years

54

Months

—

Days

—

Sex

*Female*Color or
Race*Negro*Birth-
place*W.D.*

Occupation

*Housewife*Where Residing if not
at place of death*—*Married, Si-
or ~~Widowed~~Name of Wife or
husband*Daniel Jackson*Father's
Name*John Bedford*Father's
Birthplace*Not known*Mother's
Maiden Name*Bessie Smith*Mother's
Birthplace*Not known*Name of person giving
Information*Daniel Jackson*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Phthisis

How long

4 1/2 Mo

Immediate

Exhaustion

How long

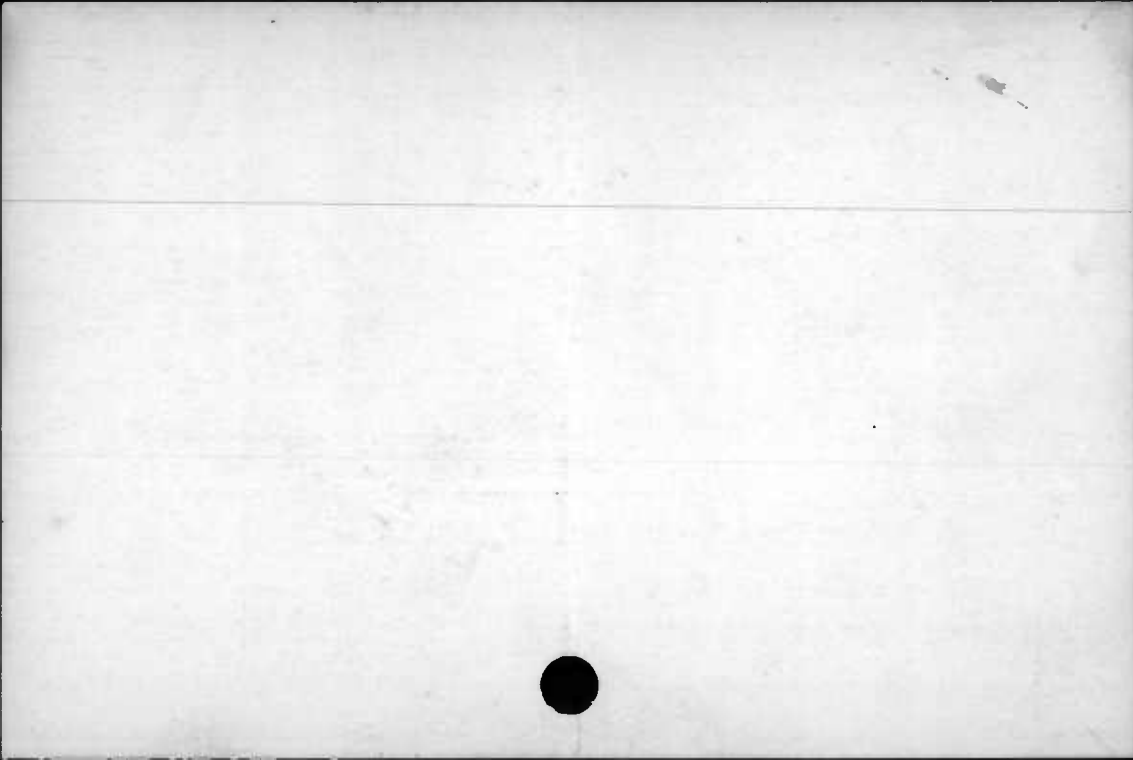
*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*F. L. Steward M. D.*

Address

Spinnis Point

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

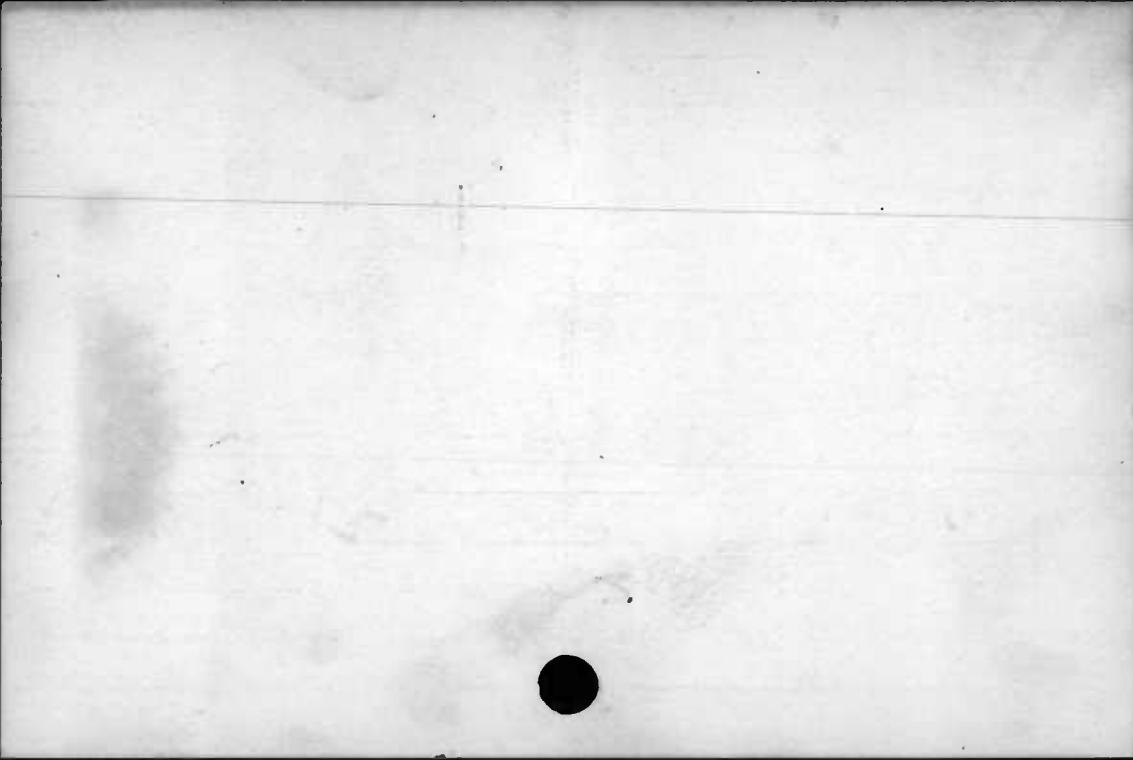
Died at <i>Parrow Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>24th</i>
Age		<i>49</i>		Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Labourer</i>		Where Residing if not at place of death	<i>Sp. P.T.</i>	
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Lillie Janovitch</i>	
Father's Name	<i>Bolaslaus Janovitch</i>			Father's Birthplace	<i>Russia</i>
Mother's Maiden Name	<i>don't know</i>			Mother's Birthplace	
Name of person giving information	<i>Frank Janovitch</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis* ☒ How long *6 mo.*Immediate *& exhaustion & haemorrhage* ☒ How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *G. B. McCormick M.D.*

Address

*Parrow Point*Accident or Suicide? *no*



Name in Full

Certificate of Death

Lottie Johnson

Town

County

Died at

Texas Balto.

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

5

24

Age 9

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Robt. Johnson

Mother's

Maiden Name

Mary Wright

Cause of

Primary

Death

Immediate

Typhoid fever
Thos. C. Bussey M.D.

How long sick

about 3 weeks

Accident, Suicide, Homicide

Reported by

Address

Texas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

To Be Performed By
Enser & Price
May 27 1904
at foots chapel
Cockeysville

Name
in
Full

Mary Johnson,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death		Month May		Day 11		Years 29	
Sex female		Color or Race Colored		Birth- place Howard Co			
Occupation House wife		Where Residing if not at place of death Catonsville					
Married, Single or Widowed Married		Name of Wife or Husband Wm Johnson					
Father's Name Wm Lamsay		Father's Birthplace Howard Co					
Mother's Maiden Name Rebecca Lamsay		Mother's Birthplace Howard Co					
Name of person giving Information Wm Johnson		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	8 wks
Immediate	Asthma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Marshall B West	
Address		Catonsville	
Accident or Suicide?		Ind.	

Chelmsell
Woburn St

Name
in
Full

Jesse Kandelhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* ^{Town}*Baltimore* ^{County}Date of death 1905 *5* ^{Month} *5* ^{Day} *7* Age *46* ^{Years} *2* ^{Months} *14* ^{Days}Sex *Female* Color or Race *White* Birth-place *Germany*Occupation *House wife* Where Residing if not at place of death *1329 Third St.*Married, Single or Widowed *Married* Name of Wife or Husband *Herman A. Kandelhardt*Father's Name *J. Kandelhardt* Father's Birthplace *Germany*Mother's Maiden Name *J. Kandelhardt* Mother's Birthplace *Germany*Name of person giving information *Herman Kandelhardt* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pericarditis* *98* How long *2 weeks*Immediate *Bright's Disease Acute* How long *2 mos.*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Jac. L. Truxillo**No* Address *3 and 1/2 South*Accident or Suicide? *No* *Highlandtown*PHYSICIAN
OR CORONER

Ernie Hermann
Oak Lawn Cal.

Name
in
Full

Mary C. Kelly

CERTIFICATE OF DEATH

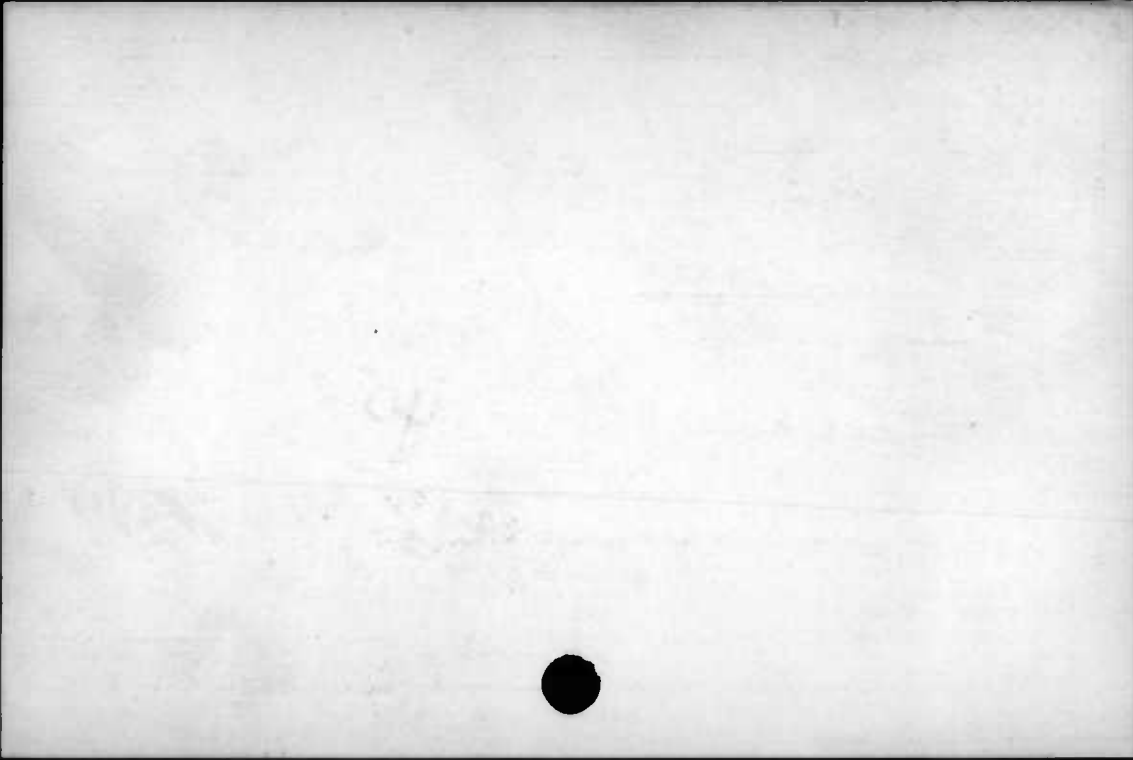
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>May</i>	Day <i>12</i>	Age <i>58</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>1018 Highland Ave</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Kelly</i>				
Father's Name <i>John Kelly</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Kelly</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Michael Kelly</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Stomach & Liver</i>	How long <i>3 mos</i>
Immediate <i>Asthenia</i>	How long <i>1 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. G. Beck</i>
	Address <i>214 E. Preston St. Balto Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

August Resmodel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Canton</u> Town		<u>Baltimore</u> County			
Date of death <u>1905</u>	Month <u>May</u>	Day <u>7</u>	Age <u>62</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>			
Occupation <u>Hustler</u>		Where Residing if not at place of death <u>O'Donnell 14th st</u>			
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Henry Primuz</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Alcoholism</u>	How long <u>—</u>
Immediate <u>"</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Coroner John E. Muelly</u>
	Address <u>216 O'Donnell st</u>
Accident or Suicide? <u>—</u>	

J Herwig & Son
Western Conn.

5/9/05

Name
in
Full

Marie Kestler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	<i>5</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co. Md.</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George M. Kestler</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Clara Steiner</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>George Kestler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Causes.</i>	How long <i>Immediate</i>
Immediate	<i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes, (Coroner)</i>		Signature of <i>August W. Miller</i>
		Address <i>M. Williams</i>
Accident or Suicide? <i>—</i>		<i>Balto Co. Md</i>

London Park
John J. Fields

Name
in
Full

Fidene H. Klausmeier

CERTIFICATE OF DEATH

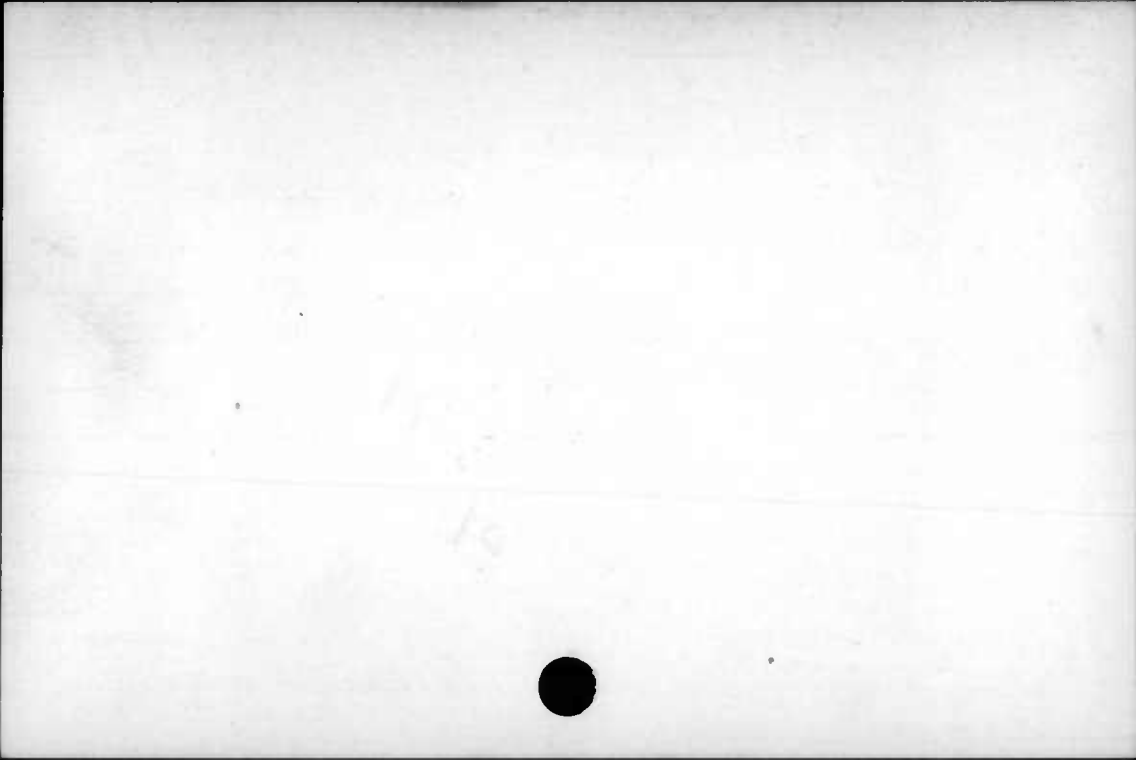
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fork</i>		Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>2</i>	Age <i>20</i>	Years	Months <input checked="" type="checkbox"/>	Days <input checked="" type="checkbox"/>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>				
Occupation <i>had none</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <i>George Klausmeier</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Annie E. Smith</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Geo. Klausmeier</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>17 years</i>
Immediate <i>"</i>	How long <i>5 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. F. A. Gersuch</i>
	Address <i>Fork Md.</i>
Accident or Suicide?	



Name
in
Full

William Kleckner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>5</i> ^{Month}	<i>29</i> ^{Day}	<i>6</i> ^{Years}	<i>15</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Balto Co.</i>	
Where Residing if not at place of death			<i>_____</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>_____</i>	
Father's Name	<i>John A. Kleckner</i>			Father's Birthplace	<i>Pennsylvania</i>
Mother's Maiden Name	<i>Katie Montag</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>John A. Kleckner</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rachitis</i>		How long	<i>5 mos.</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>S. A. Glantz</i>
Accident or Suicide?		<input type="checkbox"/>	Address	<i>41 Eastern Ave.</i>

Baltimore Cemetery
Kanan Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Knapp</i>		Town <i>Canton</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1905</i>		Month <i>May</i>		Day <i>28th</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>52</i>		Years <i>52</i>	
Occupation <i>Laboren</i>		Where Residing if not at place of death		Birth-place <i>Balto City</i>		Months <i></i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>		Father's Name <i>Henry Knapp</i>		Father's Birthplace <i></i>	
Mother's Maiden Name <i>Louisa Knapp</i>		Name of person giving information <i></i>		Mother's Birthplace <i></i>		How related to deceased <i></i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>		How long <i></i>	
Immediate <i>Ascites Exhaustion</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i></i>		Signature of Physician <i>Ch. V. Atthey</i>	
Address <i>2 Hudson St. E. E.</i>		Accident or Suicide? <i></i>	

Mr. Carmel

H Sanders Dms

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Andrew Kuegel

CERTIFICATE OF DEATH

MARYLAND

Died at *Highlandtown* ^{Town} *Belts* ^{County}Date of death *1905* ^{Month} *5* ^{Day} *21* Age ^{Years} *82* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Sailor* Where Residing if not at place of death *1219 Highland Ave*Married, Single or Widowed *Widower* Name of Wife or HusbandFather's Name *John Kuegel*Father's Birthplace *Germany*

Mother's Maiden Name

Mother's Birthplace *Germany*Name of person giving information *John Kuegel*How related to deceased *Son*

CAUSES OF DEATH

Primary *Pneumonia, Ex La Grippe*How long *1 week*Immediate *Exhaustion*How long *2 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. L. Truax
3rd and South
Highlandtown

Accident or Suicide?

No

J. Herr
Sacred Heart Society

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Lamb

Town *St. Agnes Hosp.* County *Balto.* MARYLAND

Died at *St. Agnes Hosp.*

Date of death *190* *May* *20* Age *60* Months Days

Sex *Male* Color or Race *White* Birth-place *Balto.*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *John Lamb* Father's Birthplace *Ireland*

Mother's Maiden Name *Ireland* Mother's Birthplace *Ireland*

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long

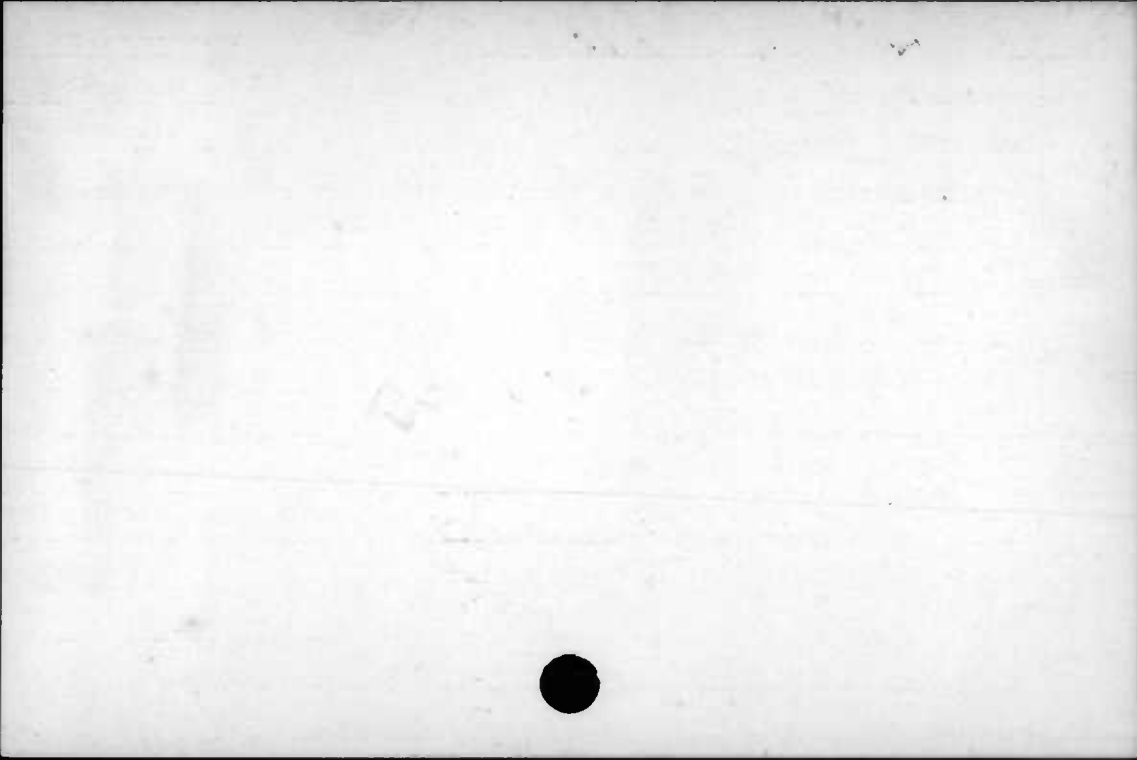
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. P. Mard*

Address *St. Agnes Hospital*

Accident or Suicide?



Name in Full

Certificate of Death

Ruth A Ledley
 Died at ^{Town} Chestnut Ridge ^{County} Balto Co. MARYLAND

Date 1905 ^{Month} 5 ^{Day} 1 ^{Y.} ^{D.} Age 5 hours ^{Native of} ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Harry W Ledley Mother's Maiden Name Lillian Hoffman

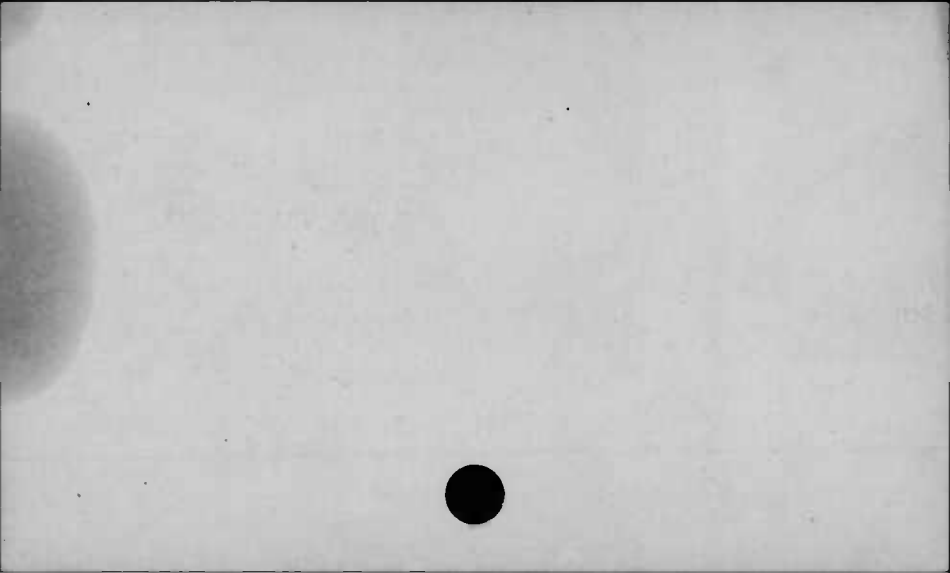
Cause of { Primaries How long sick

Death { Immediate Premature Birth Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Roxanna Lightner		Town Baltimore		County Baltimore		CERTIFICATE OF DEATH	
Died at Baltimore		Date 12th Dec.		Month May		Days 7	
Date of death 1905		Day 1		Years 29		Months —	
Sex female		Color or Race white		Birthplace Harrisville W. Va.			
Occupation Farmer's wife		Where Residing if not at place of death —					
Married, Single or Widowed		Name of Wife or Husband James Henry Lightner					
Father's Name — Robinson		Father's Birthplace W. Va. (?)					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving information James H. Lightner		How related to deceased husband.					
CAUSES OF DEATH							
Primary Laryngeal tuberculosis		How long about 2 mos.					
Immediate Exhaustion following premature birth of 7 mo. fetus		How long about 4th day					
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician J. W. Wright M.D.		Address 1023 Canton St.			
Accident or Suicide? —							

Mt Carmel
H. Sanders Son

Name
in
Full

Laura Elizabeth Lintz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manor</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>6</i>	Age <i>2</i>	Years	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Manor</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Albert G Lynck</i>			Father's Birthplace <i>Manor</i>				
Mother's Maiden Name <i>Lydia Thomberger</i>			Mother's Birthplace				
Name of person giving information <i>Father</i>			How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leathring</i>	How long
Immediate <i>Convulsion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Payne M.D.</i>
	Address <i>Connett (Ma)</i>
Accident or Suicide?	



Name
in
Full

Annie E Little

CERTIFICATE OF DEATH

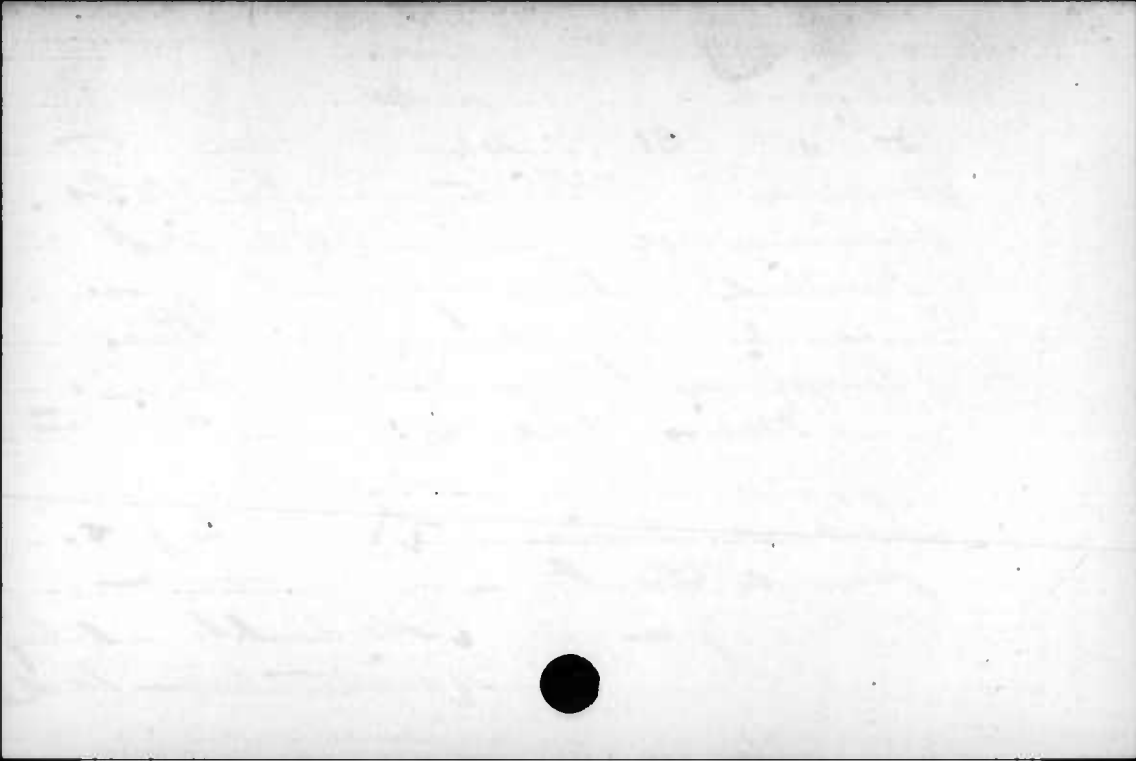
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>17th</i>	Age <i>36</i>	Years	Months <i>Unknown</i>	Days <i>Unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Hancock Md</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>11</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Recd. Mt Hope Retreat</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Aortic (2nd attack)</i>	How long <i>abt 10</i>
Immediate <i>Pul. & Cerebral Congest.</i>	How long <i>abt 10 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Baltimore Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Bertha Lohmeyer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delight</i> Town		<i>Bald</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>5</i>	Day <i>31</i>	Years <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Bald</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Delight</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Lohmeyer</i>				
Father's Name <i>Emanuel Beck</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Georgia Bowen</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Miss Beck</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Beckley</i>
	Address <i>Reston, Md.</i>
Accident or Suicide? <i>—</i>	

51



Name
in
Full

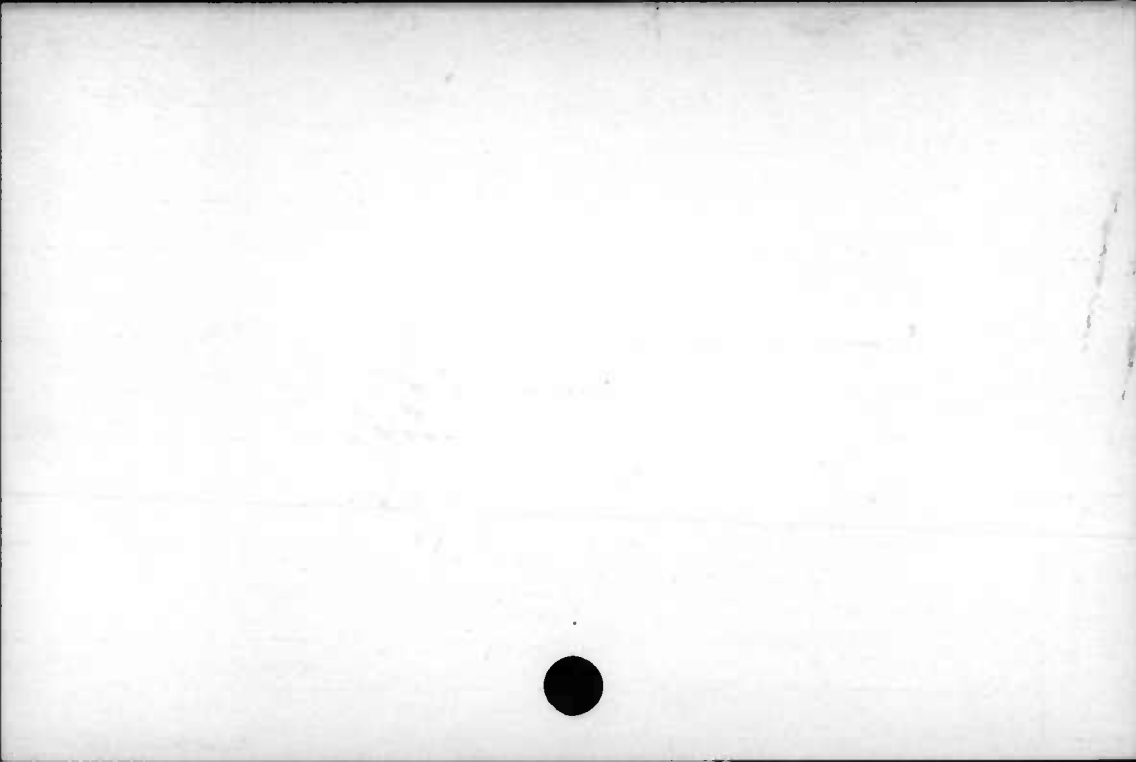
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>near Glyndon</i>		County <i>Butte</i>		MARYLAND	
Date of death	1905	Month <i>May</i>	Day <i>20</i>	Age <i>81</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Mary Leese</i>				
Father's Name <i>Daniel Leese</i>	Father's Birthplace <i>Pennsylvania</i>				
Mother's Maiden Name <i>Katie Humest</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Mary Leese</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Senile Decay</i>	How long <i>—</i>
Immediate <i>Cardiac Failure</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Power Rice</i>
<i>9</i>	Address <i>Glyndon Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Patrick McCann

CERTIFICATE OF DEATH

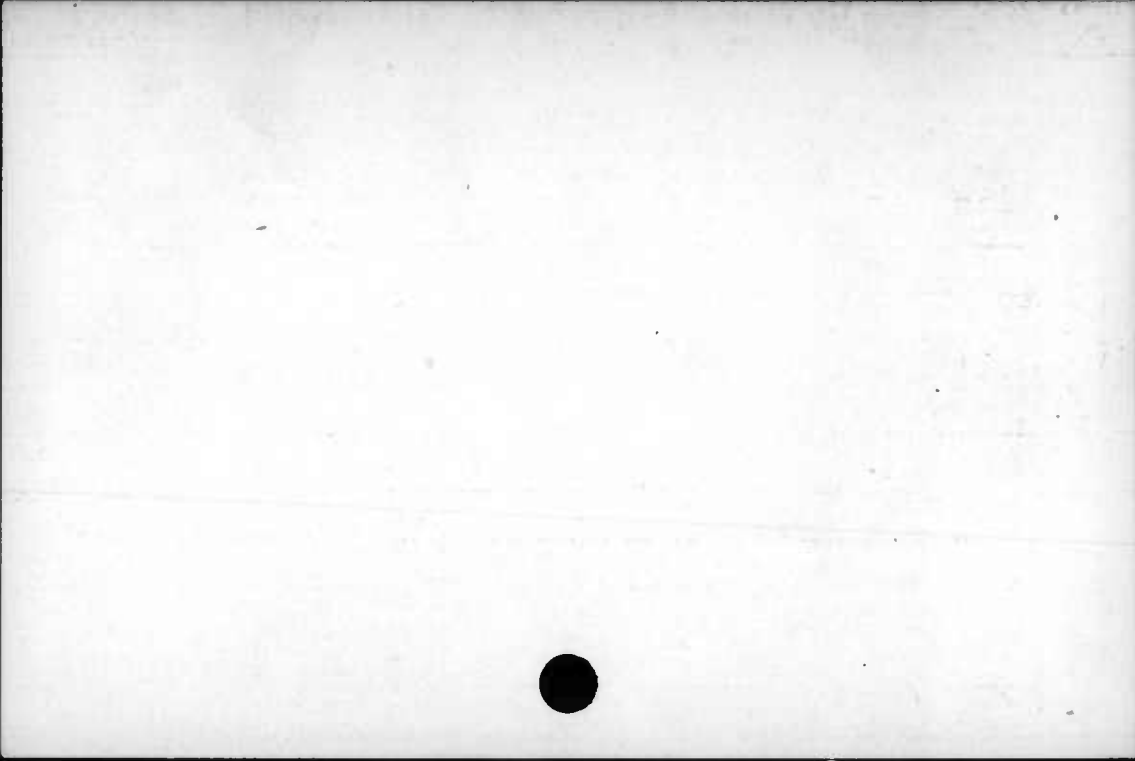
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>May</i>	Day <i>14th</i>	Years <i>66</i>	Months <i>unknown</i>	Days <i>unknown</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>Shoemaker</i>	Where Residing if not at place of death <i>Woodstock-How. Co Md.</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>unknown</i>						
Father's Name <i>unknown</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>"</i>						
Name of person giving information	How related to deceased <i>Not at all</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia Post Surg. Operation Leg Amput.</i>	How long <i>abt 2 yrs ago -</i>
Immediate <i>Cardiac & Arterial Degeneration</i>	How long <i>abt - 3 or 4 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery MD</i>
Address <i>Mt Hope Retreat</i>	
<i>Beellmore Co Md.</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

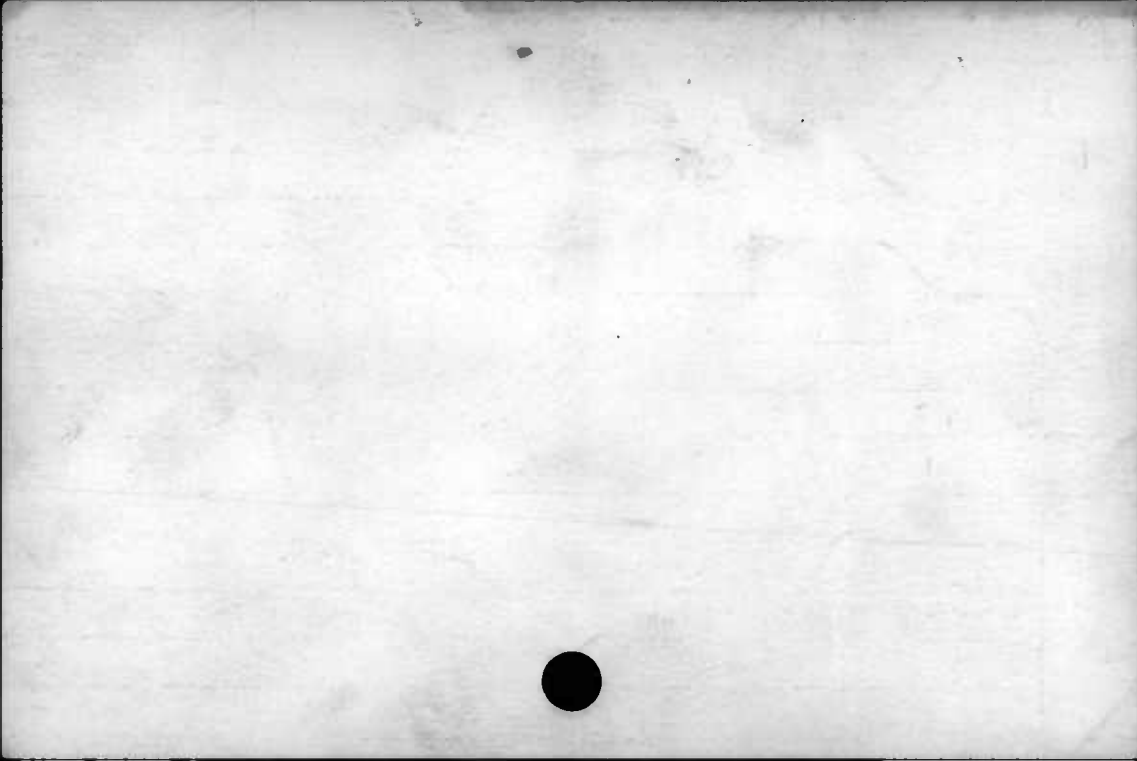
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1905		May	7	Age 37	7	28	
Sex		Color or Race		Birth-place			
Female		White		Baltimore			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband		Sex			
Married		James M. McPherson		Male			
Father's Name		Father's Birthplace					
John McPherson		Carroll Co.					
Mother's Maiden Name		Mother's Birthplace					
Rebecca McPherson		Carroll Co.					
Name of person giving information		How related to deceased					
James M. McPherson		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	17 Months
Immediate	Tuberculosis	How long	17 Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. J. McPherson	
		Address	
		New Freedom Pa	
Accident or Suicide?			



Name
in
Full

Capt. Hector MacKinnon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 1905	Month <i>May</i>	Day <i>18</i>	Age <i>50</i>	Months <i>5</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Nova Scotia</i>		
Occupation <i>Sea Captain</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <i>Single</i>		Name of Wife or Husband <i>Mrs Jenny MacKinnon</i>			
Father's Name <i>Angus MacKinnon</i>			Father's Birthplace <i>Nova Scotia</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Jenny MacKinnon</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cortic insufficiency</i>	How long <i>2 yrs.</i>
Immediate <i>Anaemia</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. G. Runk M.D.</i>
<i>W</i>	Address <i>2000 E. Baltimore St.</i>
Accident or Suicide? <i>W</i>	

Burial in Mt Olivet Cem.

Jos. B. Cook

Name
in
Full

Infant Mallon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 848 Bord Linn		Town Bates Co		County		MARYLAND	
Date of death 1905 May		Month 21		Day 8 hours		Years	
Sex Male		Color or Race White		Birth-place 848 Bord Linn		Months	
Occupation —		Where Residing if not at place of death 848 Bord Linn		Days			
Married, Single or Widowed Single		Name of Wife or Husband —		Father's Birthplace Ind -			
Father's Name James Mallon		Mother's Maiden Name Jillay Grand		Mother's Birthplace Ind			
Name of person giving information Father		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Per mature birth	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. Williams	
Address —		Address —	
Accident or Suicide? No			

124

Name
in
Full

Charles G. Maydwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Overlea</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>May</i>	Day <i>10</i>	Age <i>28</i>	Years <i>10</i>	Months <i>1</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband _____							
Father's Name <i>Therodan F. Maydwell</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Caroline W Dinger</i>				Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>Frank P. Maydwell</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary <i>Lagrippe</i>	How long <i>6 months</i>
Immediate <i>Heart and lung trouble</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W L Morgan Md</i>
	Address <i>202 W Franklin St</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Morgan
202 W. Franklin

Wm S. Gray.
Balto Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

Arthur G. Mitchell

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>Maryland</i>		MARYLAND	
Date of death <i>28</i> <i>May</i>	Month <i>May</i>	Day <i>28</i>	Age <i>28</i>	Years <i>11</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>35 Elliott St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Mitchell</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John Mitchell</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long
Immediate <i>Drowning</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Coroner John P. Mueller</i>
	Address <i>216 O'Donnell St.</i>
Accident or Suicide?	

Griker and Griker
Baltimore Am.

Name

in
FD-1TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Highlandtown* ^{Town}*Balto.* ^{County}Date of death *1905* ^{Month} *5**6* ^{Day}Age *59* ^{Years}

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Butcher.*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Elizabeth Moerschell*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*Elizabeth Moerschell.*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Chronic Brights Disease

How long

5 mos

Immediate

Exhaustion

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Doc. L. Truett**3 and 1/2 South
Highlandtown*

Accident or Suicide?

No

J Herwig & Son
St. Paul Minn

5/8/05

Name
in
Full

Katharine Moore

CERTIFICATE OF DEATH

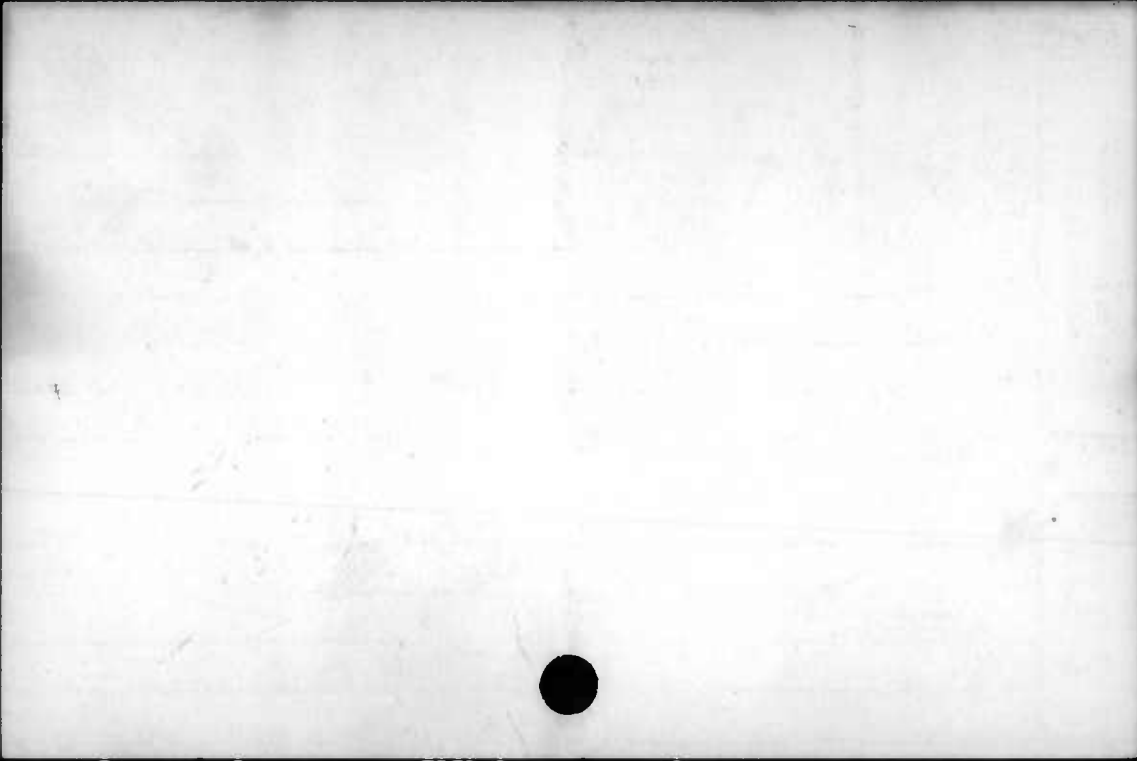
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencer Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	2nd
Age	Years		Months	Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Spencer Point</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Frank Moore</i>		
Mother's Maiden Name			<i>Katharine Permann</i>		
Name of person giving Information			<i>Frank Moore</i>		
Father's Birthplace			<i>Baltimore</i>		
Mother's Birthplace			<i>Baltimore</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>12 hrs</i>
Immediate	<i>Emphysema</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. C. Stetson, M.D.</i>
Address	<i>Spencer Point</i>		
Accident or Suicide?	<i>no</i>		



Name in Full Mary Moran		CERTIFICATE OF DEATH	
Died at 9/2 rear of Clinton St. Balto.		TOWN County	
Date of death 1905 May 15		Age died at birth	
Sex female		Color or Race white	
Occupation none		Where Residing if not at place of death —	
Married, Single or Widowed child		Name of Wife or Husband —	
Father's Name Benjamin Moran		Father's Birthplace Balto.	
Mother's Maiden Name Mary Moran		Mother's Birthplace Balto.	
Name of person giving information Benjamin Moran		How related to deceased father	
CAUSES OF DEATH			
Primary Still birth, cause unknown		How long —	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Mary L. Lwayne	
Accident or Suicide? —		Address 824 F. Canby St. Balto. Ind.	

31

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clarence May More's Infant*
 Town *Baltimore* County *Baltimore*
 Died at *Baltimore*
 Date of death 190 *5* Month *5* Day *5* Age *—* Years *—* Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Baltimore Md*
 Married, Single or Widowed *—* Occupation *—*
 Name of Wife or Husband *—*
 Father's Name *Clarence More* Father's Birthplace *va*
 Mother's Maiden Name *Mary Amos* Mother's Birthplace *Md.*
 Name of person giving information *S. P. Keiffer* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Asphyxia* How long *Several hours.*
 Immediate *17* How long *" "*
 Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *W. L. Cox M.D.*
 Address *Baltimore Md.*
 Accident or Suicide? *—*

McKendrew Chop.
Hickoryton.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mortimer Francis Murphy

Died at ^{Town} St Denis^{County} Bothinole

MARYLAND

Date
of death 190 5 MayDay 19th

Age 35 yrs

Months

Days

Sex male

Color or
Race whiteBirth-
place Georgetown D.C.Married, Single
or Widowed single

Occupation Masseuse

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Mrs M A Murphy

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Tuberculosis

How long

18 months

Immediate

Tuberculosis

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Arthur Williams

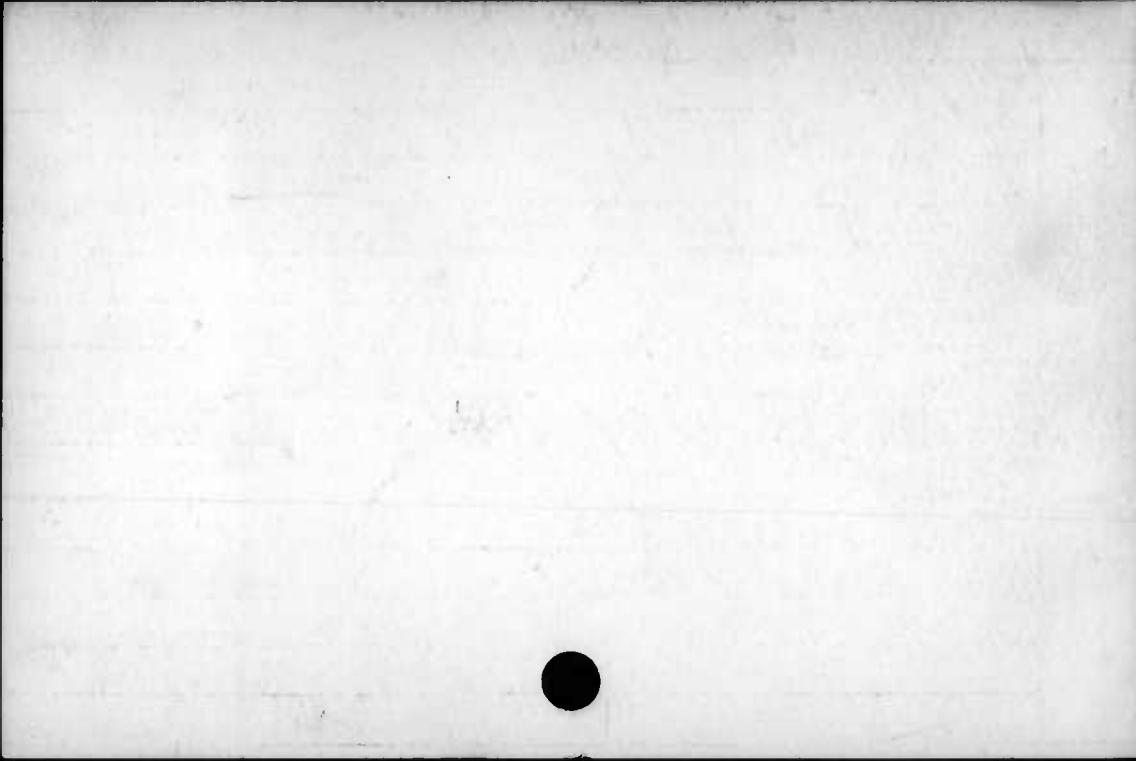
Address

Elk Ridge Howard
Co Maryland

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Rose Murphy

CERTIFICATE OF DEATH

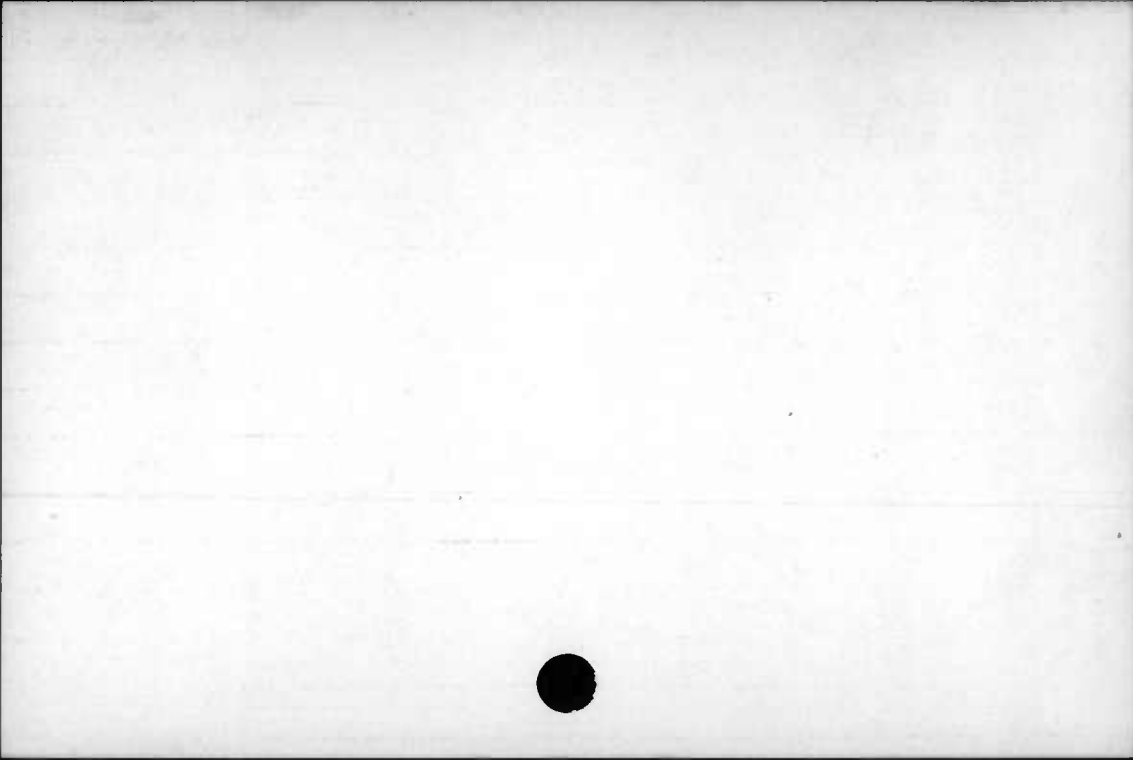
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mount Hope		^{County} Baltimore		MARYLAND	
Date of death	1905	Month	May	Day	28 th
Sex		Female		Color or Race	White
Occupation		None		Birth-place	Ireland
Where Residing if not at place of death		811 S. Paco			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace	Ireland
Mother's Maiden Name		"		Mother's Birthplace	"
Name of person giving information		Rec'ds Mt Hope Retriah		How related to deceased	Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	St Melancholia Acroica	How long	abt 10 years
Immediate	Paralysis & Exhaustion	How long	abt 48 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery	
Address		Mt Hope Retriah	
Accident or Suicide?		Baltimore Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gardenville* *Buck*

Town

County

Date

of death

1905

Month

May

Day

16

Age

Years

37

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Florist & Sargman

Where Residing if not
at place of death

Gardenville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Papp

Father's
Name

Peter Papp

Father's
Birthplace

Germany

Mother's
Maiden Name

Barbara ?

Mother's
Birthplace

Germany

Name of person giving
information

Frank Papp

How related
to deceased

Son

CAUSES OF DEATH

Primary

Epilepsy

How long

64

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Wm D Corse

Gardenville

Balt O Ind

Accident or Suicide?

Most Holy Redeemer
Luther & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Pell</i>		Town <i>Grange</i>		County <i>Baltimore</i>		MARYLAND											
Died at <i>Grange</i>		Date of death <i>1907</i>		Month <i>May</i>		Day <i>10</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>6</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Grange</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>Grange</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Adam Pell</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Francis Pell</i>		Name of person giving information <i>Adam Pell</i>		How related to deceased <i>Father</i>		Mother's Birthplace <i>Germany</i>		Name of person giving information <i>Adam Pell</i>		How related to deceased <i>Father</i>		Mother's Birthplace <i>Germany</i>		Name of person giving information <i>Adam Pell</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>		How long <i>6 hrs</i>	
Immediate <i>u</i>		How long <i>u</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Coroner <i>Fred L Pfeffer</i>	
Address <i>1218 First St Highlandtown</i>		Signature of Physician <i>—</i>	
Accident or Suicide? <i>—</i>		Signature of Physician <i>—</i>	

M. F. Sadowski,
703 S. Ann St

Holy Rosary Cemetery

Name
in
Full

Anna A Pohlman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rustertown</i>		Town <i>Barlow</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>8</i>	Years <i>72</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Nicholas Pohlman</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Anna Casper</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John M Pohlman</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>3 mo 7 mo</i>
Immediate <i>Uraemia</i>	How long <i>1 wk</i>

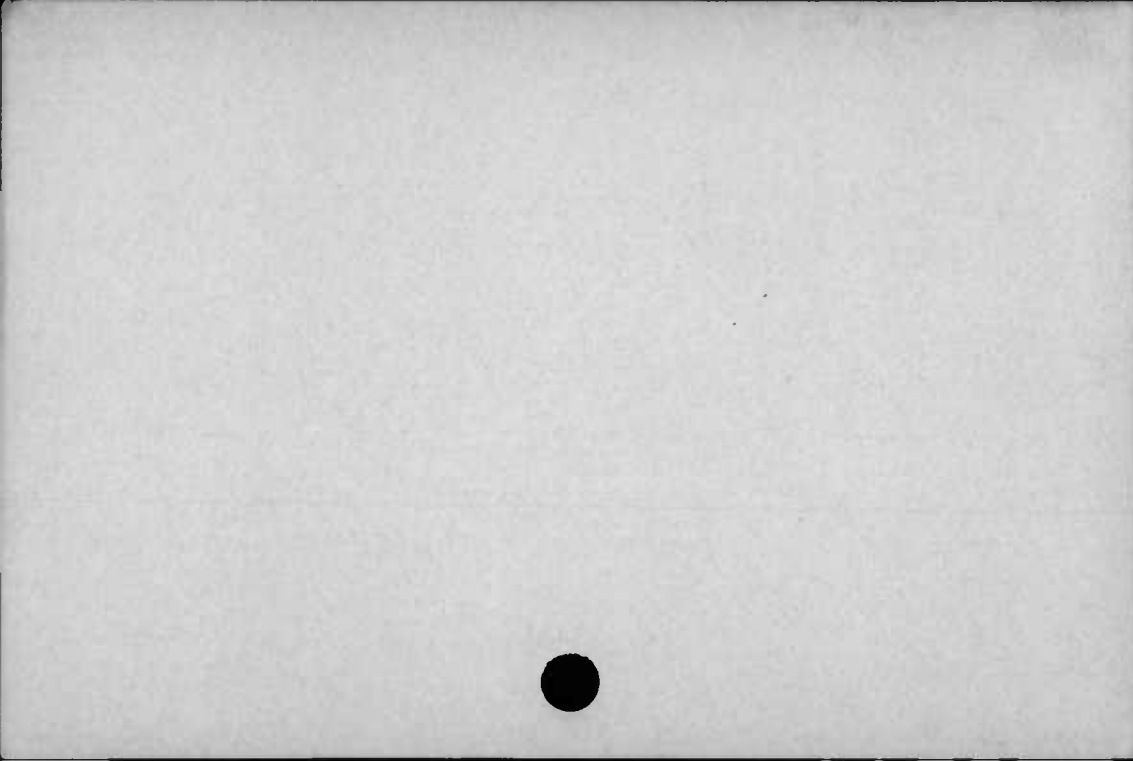
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Joseph. Thomas. Price.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Middletown		Baltimore					
Date	Month	Day	Years	Months	Days		
of death 1905	May	Seventh	71	—	19		
Sex	Male	Color or Race	White	Birth-place	Harford Co. Md.		
Married, Single or Widowed	Widower		Occupation	Farmer			
Name of Wife or Husband							
Jennie. M. Price.							
Father's Name				Father's Birthplace			
Not known				Harford Co Md			
Mother's Maiden Name				Mother's Birthplace			
Not known				" " "			
Name of person giving Information				How related to deceased			
A. R. Price				Son.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Stenosis: Pneumonia	How long	About 1 yr.
Immediate	Congested Lungs.	How long	10 Days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Jas. L. Yagle.	
		Address	
		New Freedom, Pa.	
Accident or Suicide?			



Name
in
Full

Rebecca Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Larnoville^{County} Balti

Date of death 1905 May

Day 17

Age 71

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Balti

Occupation

Dairy business

Where Residing if not
at place of death

Larnoville

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Edward Richards

Father's
Name

Amos Reel

Father's
Birthplace

Balti A

Mother's
Maiden Name

Lucie Blackburn

Mother's
BirthplaceName of person giving
Information

Mary Richards

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis

How long

10 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

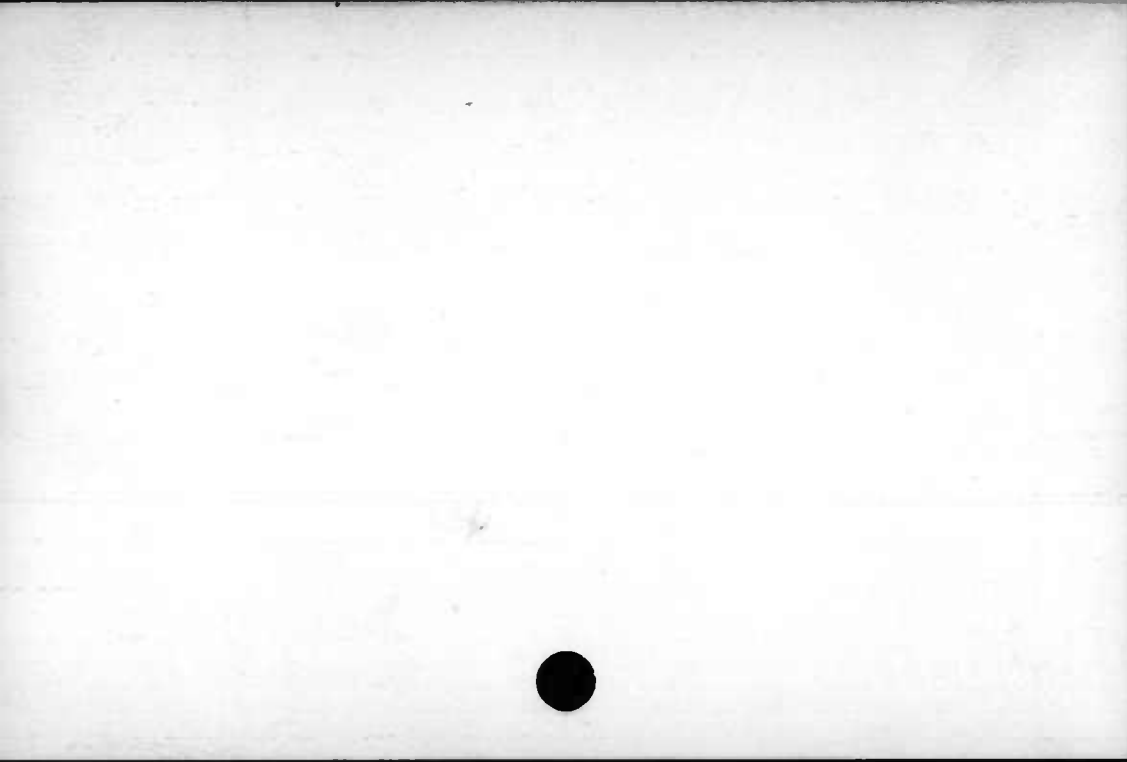
Wm. D. Greer

Address

Farderville
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

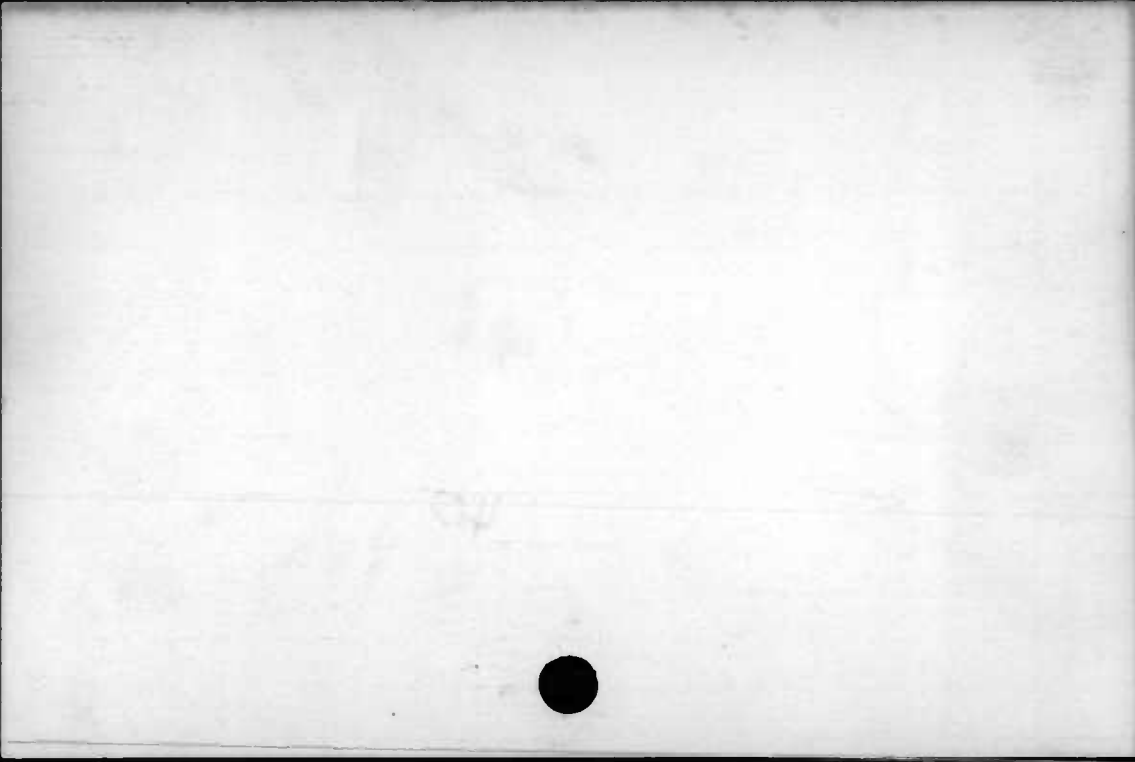
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary E. Ridgely		Town Woodlawn		County Balto. Co.		MARYLAND	
Died at		Date of death 1905 May 31		Age 61		Months — Days —	
Sex Female		Color or Race White		Birth-place Balto. Co.			
Occupation House wife				Where Residing if not at place of death —			
Married, Single or Widowed		Name of Wife or Husband Henry Irlay Ridgely					
Father's Name David Jean		Father's Birthplace Balto. City					
Mother's Maiden Name Nancy Jean		Mother's Birthplace Balto. Co.					
Name of person giving information J. Ridgely		How related to deceased Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer Liver		How long 5 mos.	
Immediate Internal Hemorrhages		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Jas L Ridgely	
		Address Forest Park	
		Balto. City	
Accident or Suicide? —			



Name In Full

Certificate of Death

May Ridge
 Town County

MARYLAND

Died at Marriottsville Baltimore
 Month Day Y. M. D. Native of Occupation
 Date 19 05 May 30 Age 23 4 11 Ind Housewife
~~Male~~ White Married Widow Divorced
Female Colored Single Widower Number of children living 3

~~Hubert~~ of William Ridge
 Wife (Overland) Mother's Maiden Name Ruffin Doyle
 Cause of Primary Dystocia (1350) How long sick 24 hours
 Death Immediate Exhaustion & Shock ~~Accident, Suicide, Homicide~~

Reported by H. J. Shipley and
 Address 9 Granby Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name *As name (Still Born)*
 Town *Marriottsville* County *Baltimore*
 Died at *Marriottsville* *Baltimore* MARYLAND
 Month *May* Day *30* Y. *05* M. *30* D. *30* Native of *_____* Occupation *_____*

Date 19 *05* *May* *30* Age *_____*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Hilliarius Roder
 Died at ^{Town} *Highland* ^{County} *Balto* MARYLAND
 Date 1905 ^{Month} *5* ^{Day} *7* Y. *47* M. *--* D. *--* Native of *Germany* Occupation *Butcher*.
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ Number of children living *2*
 Female ☐ Colored ☐ Single ☐ Widower ☐

Husband
 of
 Wife

Father's Name *Hilliarius Roder* Mother's Name *[Signature]*

Cause of Death { Primary *Apoplexy* Immediate ☒ How long sick *24 hours*
 Accident, Suicide, Homicide

Reported by

Address

A. S. Warner
20 Highland av.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery
May 10th 1905 -
Germanus France.

Name
in
Full

Rebecca Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Walters</i>		County <i>Belt</i>		MARYLAND	
Date of death	1901	Month	<i>May</i>	Day	<i>12</i>	Years	<i>88</i>
Sex		Female		Color or Race		Colored	
Occupation		HW		Where Residing if not at place of death		md	
Married, Single or Widowed		married		Name of Wife or Husband		<i>Lloyd Russell</i>	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		<i>Lloyd Russell</i>		How related to deceased		<i>Has been</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?		John W. H. ...	
no		San Off. 14 dist Belt Co	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Minersville

Town

Baltimore co.

County

MARYLAND

Date

1905 May

Month

Day

1st

Age

Years

6 hours

Months

Days

Sex

female

Color or
Race

colored

Birth-
place

Minersville

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

Bobby

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Arthur L. Lacey

How related
to deceased

Mother

CAUSES OF DEATH

Primary

How long

Immediate

Congenital Debilitey

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

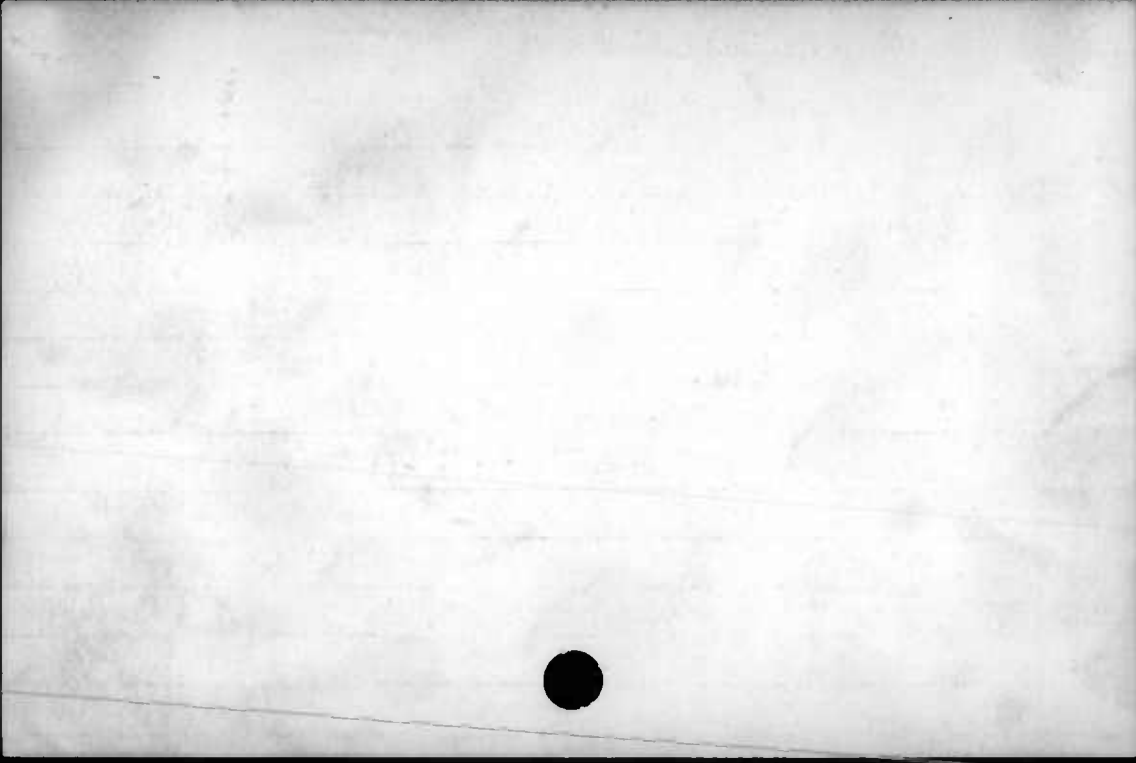
Signature of
Physician

R. V. Glance

Address

Mt. Limerick

Accident or Suicide?



Name in Full		Anna E. Schaaf				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died at		Balto.			
		Date of death 1905		Age 6		Months 5 Days 2	
		Sex Female		Color or Race White		Birth-place Balto. Co.	
		Occupation None		Where Residing if not at place of death		238 Eastern Ave Ext.	
Married, Single or Widowed		Name of Wife or Husband		John Schaaf		Father's Birthplace Balto.	
Mother's Maiden Name		Anna Meyer		Mother's Birthplace		Balto	
Name of person giving information		John Schaaf		How related to deceased		Father	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long 6 months	
		Immediate		Exhaustion		How long 9	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. W. Schuersch, M.D.	
				Address		107 1/2 Canton St.	
		Accident or Suicide?					

Jno . Herwig & Son

Mt . Carmel Cem .

5 /3 /05

Name

in
Full

Edward Schaebebeck

CERTIFICATE OF DEATH

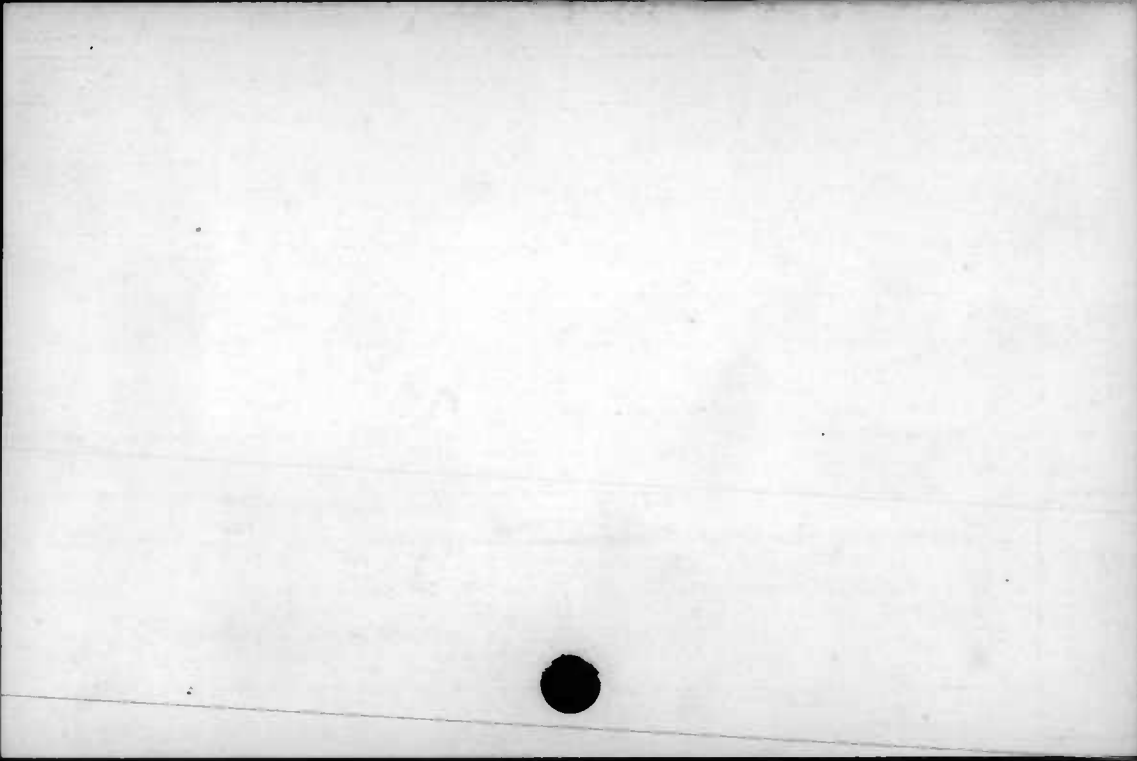
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>190</i>		Month <i>May</i>		Day <i>2</i>		Age <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation				Where Residing if not at place of death <i>516 Wilhelm St.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>		How long	
Immediate <i>Pulmonary Edema</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Mara M.D.</i>	
		Address <i>St. Agnes Hospital</i>	
Accident or Suicide?			



Name
in
Full

John Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blenheim</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>May</i>		Day <i>22</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>German</i>		Birthplace <i>Germany</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Henrietta Schmidt</i>		Husband			
Father's Name <i>John Schmidt</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Caroline Swatts</i>		Mother's Birthplace <i>..</i>					
Name of person giving information <i>Henrietta Schmidt</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

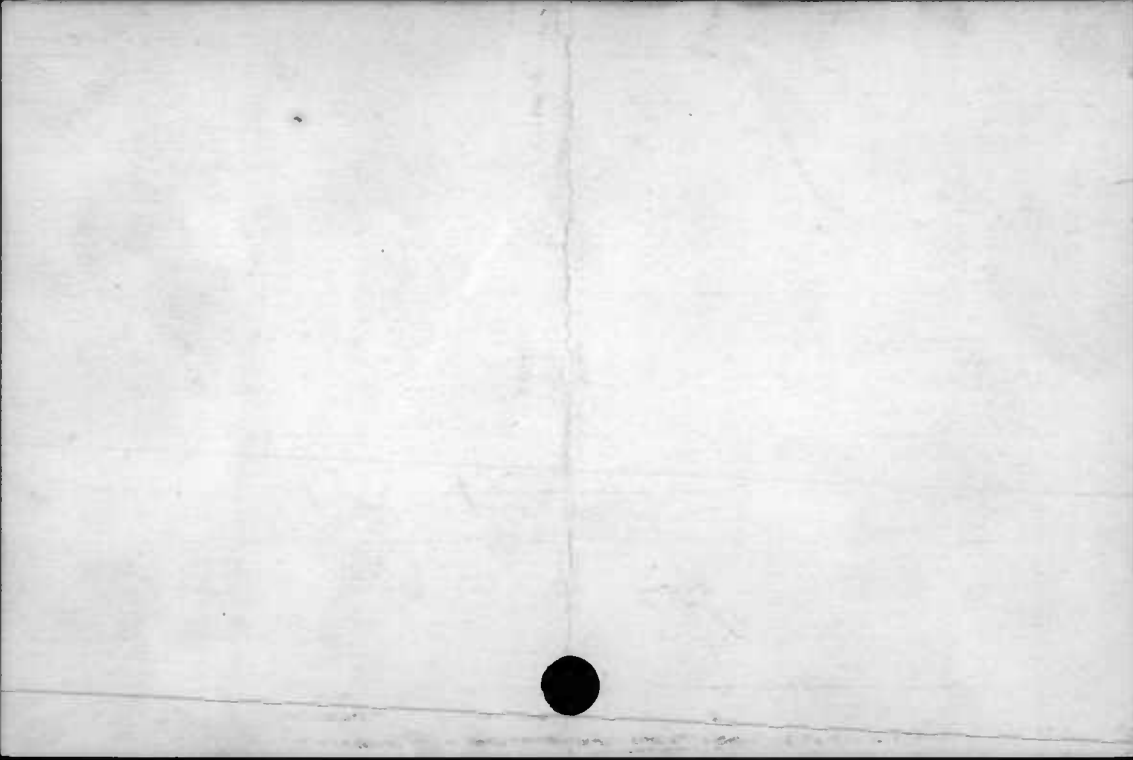
Primary	<i>Chronic Liver + Bowel Stomach disease</i>	How long
Immediate	<i>Peritonitis</i>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary Elisabeth Servary

CERTIFICATE OF DEATH

Died at ^{Town} Catonsville^{County} Balto.

MARYLAND

Date
of death 1905

Month

May

Day

6

Age

Years

60

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Waynesboro Pa

Occupation

Housewife

Where Residing if not
at place of deathMarried, ☒

Occupation

Name of Wife or
Husband

Joseph Servary

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Joseph Servary

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Strangulated Hernia
Asthenia

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Stutz M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs. Bridget Shay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>20</i>	Years <i>62</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Nurse</i>			Where Residing if not at place of death <i>York Hughes St.</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>James Murray</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Annie Byrne</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>James Murray</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Orrano</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Nettin

Shiplay

Town

County

Died at

Texas

Barto

MARYLAND

Date 1905 May 3 Y. M. D. Age 23 Native of Md Occupation nurse

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife

Father's Name Emory C Shiplay Mother's Name Sarah Hubbard

Cause of Death { Primary Gastritis How long sick 4 days
 Immediate Cerebral Meningitis
 Accident, Suicide, Homicide

Reported by Dr B. R. Benson

Address Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ashland Cemetery
May 3rd

Name
in
Full

Francis Ellen Slade

CERTIFICATE OF DEATH

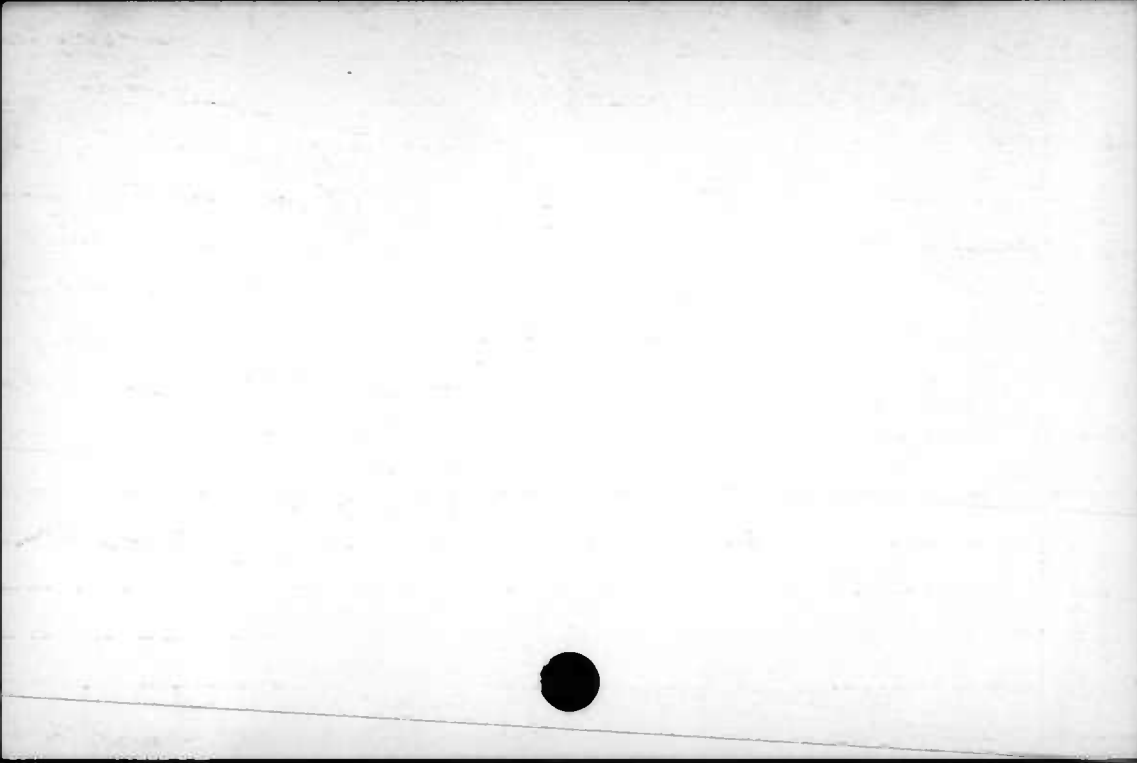
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	White	Town	Hall	Balt	County
Date of death	1905	6	21	Age 67	7 Months 29 Days
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Housewife	Where Residing If not at place of death	Parkton Md		
Married, Single or Widowed	widow	Name of Wife or Husband	Madison Slade		
Father's Name	Thomas Lytle	Father's Birthplace	Md		
Mother's Maiden Name	Charity McComas	Mother's Birthplace	Md		
Name of person giving information	Milton Slade	How related to deceased	Son		

CAUSES OF DEATH

Primary	Paralysis	How long	6 hours
Immediate	"	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. R. Norris
		Address	Parkton Md
Accident or Suicide?			



Name
in
Full

Charles W Slagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i>			Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>7</i>	Age <i>77</i>	Years	Months <i>1</i>	Days <i>26</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>					
Occupation <i>Retired</i>			Where Residing if not at place of death <i>1227 Linden Ave Baltimore</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Rebecca Slagle</i>						
Father's Name <i>David W Slagle</i>		Father's Birthplace <i>Penna</i>						
Mother's Maiden Name <i>Hannah Hembrenner</i>		Mother's Birthplace <i>Penna</i>						
Name of person giving information <i>Charles W Slagle Jr</i>		How related to deceased <i>son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>uremic poisoning: Bright's Dis. of Kidneys</i>	How long <i>3 yrs 9 mo</i>
Immediate <i>Syncope - edema of lungs</i>	How long <i>3 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B Lane Parrybill</i>
	Address <i>1103 Madison Ave</i>
Accident or Suicide? <i>0</i>	

Stewart & Mowen

Greenmount,
May 9th 1905

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name Amos Smith Town Bethlehem Hill County Baltimore

Died at Bethlehem Hill

Date of death 1905 Month May Day 31 Age Years 44 Months Days

Sex Male Color or Race C Birth-place Howard Co

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Isabel Smith

Father's Name Henry Smith Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Isabel Smith How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

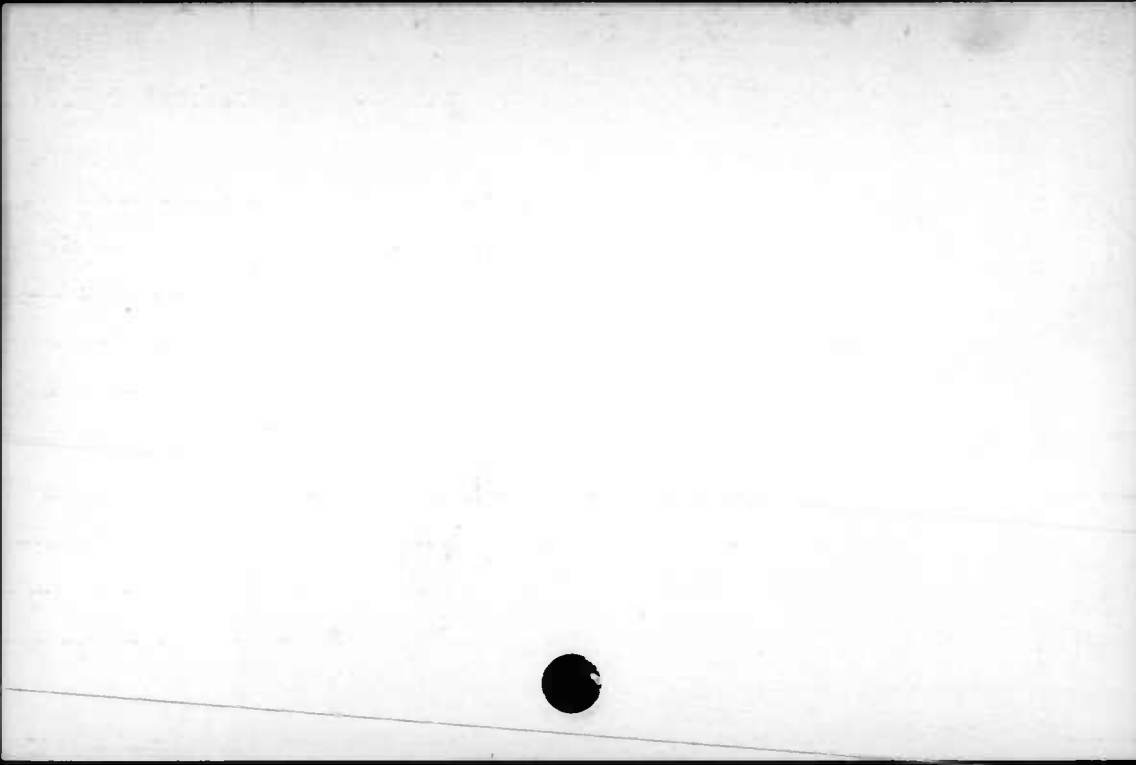
Primary Bright's Disease How long 1 year

Immediate Uraemia How long few hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. S. McAllister

Address Baltimore Md

Accident or Suicide?



Name
in
Full

Edna I Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905- <i>May</i>	Day <i>26th</i>	Years <i>12</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Towson Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Towson</i>		
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u>			
Father's Name <i>John W Smith</i>			Father's Birthplace <i>Towson</i>		
Mother's Maiden Name <i>Emma Preston</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Wm W Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scrophula</i>	How long <i>time 2 years</i>
Immediate <i>Phthisis Pulmonalis</i>	How long <i>several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James H Janett</i>
	Address <i>Towson</i>
<u>Accident or Suicide?</u>	

Robt A. Elliott
Sandy bottom
Dawn

Name in Full Emily Amanda Smith		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Wt Washington,		Town Baltimore		County	
	Date of death 1905 May		Month	Day 6	Age 81	
	Sex Female		Color or Race white		Birth place Baltimore, Md	
	Occupation housekeeper		Where Residing if not at place of death Wt Washington, Md			
	Married, Single or Widowed Single		Name of Wife or Husband George Smith			
	Father's Name Michael Minnick		Father's Birthplace —			
	Mother's Maiden Name Mary Ann Bull		Mother's Birthplace —			
Name of person giving information Mrs Louis Grainger		How related to deceased sister				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Diabetes Mellitus & Influenza		How long (?)			
	Immediate Anemia		How long one week			
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician William J Todd M.D.			
			Address Wt Washington, Md			
Accident or Suicide? No						

A. S. Marshall

3539 Fall Road

Loudan Park Parkway

May 8, 1905

Name
in
Full

CERTIFICATE OF DEATH

Eva. M. Smith

Town

Lutherville

County

Baltimore

MARYLAND

Died at

Date

of death 1905 May

Day

22

Age

Years

69

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Lutherville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Joseph P. Smith

Father's
Name

Matthias Broderick

Father's
Birthplace

Germany

Mother's
Maiden Name

Margaret Prupp

Mother's
Birthplace

Germany

Name of person giving
In formation

Joseph P. Smith

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

apoplexy

How long

sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. C. Beebles

Address

Lutherville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burrows Sons
St. Mary's Court
Hampton

Name
in
Full

Nicholces G. Solen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Baltimore</u>		County <u>Baltimore</u>		STATE <u>MARYLAND</u>	
Date of death		Month <u>May</u>	Day <u>29</u>	Years <u>38</u>	Months <u>6</u>	Days <u>5</u>	
Sex	<u>Male</u>	Color or Race	<u>White</u>		Birth-place	<u>Md</u>	
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>712 Clinton St</u>				
Married, Single	<u>yes</u>	Name of Wife or Husband	<u>Elizabeth J. Solen</u>				
Father's Name					Father's Birthplace	<u>Ireland</u>	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	<u>Elizabeth J. Solen</u>				How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart disease</u>	How long	<u>10 months</u>
Immediate	<u>Heart failure</u>	How long	<u>1/2 hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Fred L Pfeffer</u>
		Address	<u>1218 First St</u>
			<u>Md</u>
Accident or Suicide?	<u>—</u>		

Sacred Heart Cemetery
H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	190 <i>5</i> ^{Month} <i>May</i> ^{Day} <i>13th</i>	Age	<i>—</i> ^{Years}	Months	<i>8</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Perry Hall</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Christian A. Soth</i>		Father's Birthplace <i>Perry Hall</i>	
Mother's Maiden Name		<i>Elizabeth C. Gerst</i>		Mother's Birthplace <i>Perry Hall</i>	
Name of person giving information		<i>John Gerst</i>		How related to deceased <i>Brother</i>	

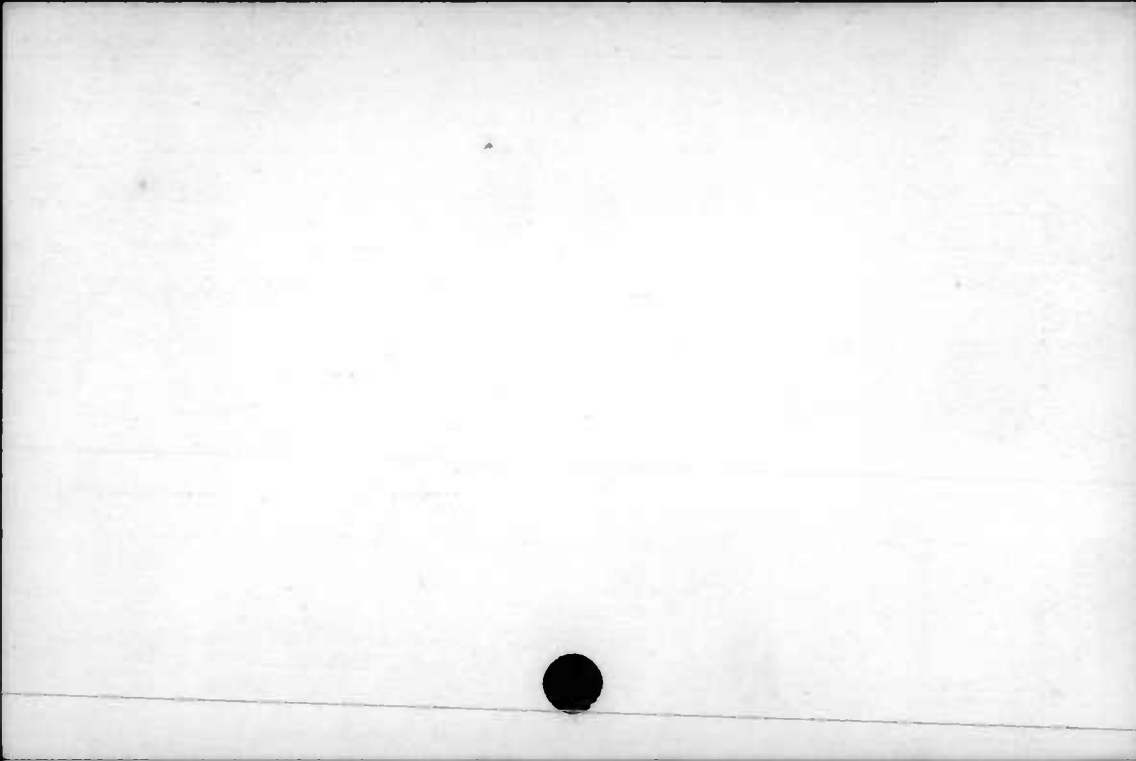
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	<i>Tetanus Neonatorum</i> <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Harrison</i>
<i>Yes</i>	Address <i>Lock Raven</i>
Accident or Suicide?	

J. Joseph

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cotonsville</u> Town		County <u>Balto</u>	
		Date of death <u>1904</u> Month <u>May</u> Day <u>27</u>		Age <u>69</u> Years Months <u>3</u> Days <u>24</u>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balto.</u>	
		Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
		Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John H. Spelman</u>		
Father's Name <u>Johann Gadenbeen</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Jacohma King</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Chas Spelman</u>		How related to deceased <u>Son</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Broncho Pneumonia</u>		How long <u>9</u> 3 weeks	
		Immediate <u>Asthenia</u>		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. H. Stett, M.D.</u>	
		Address <u>Cotonsville Ind.</u>			
Accident or Suicide?					



Name
in
Full

William Stenler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	<u>5</u> ^{Month}	<u>26</u> ^{Day}	Age <u>20</u> ^{Years}	<u>1</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Tin Smith</u>				
Name of Wife or Husband _____			_____		
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information _____			How related to deceased <u>Father</u>		

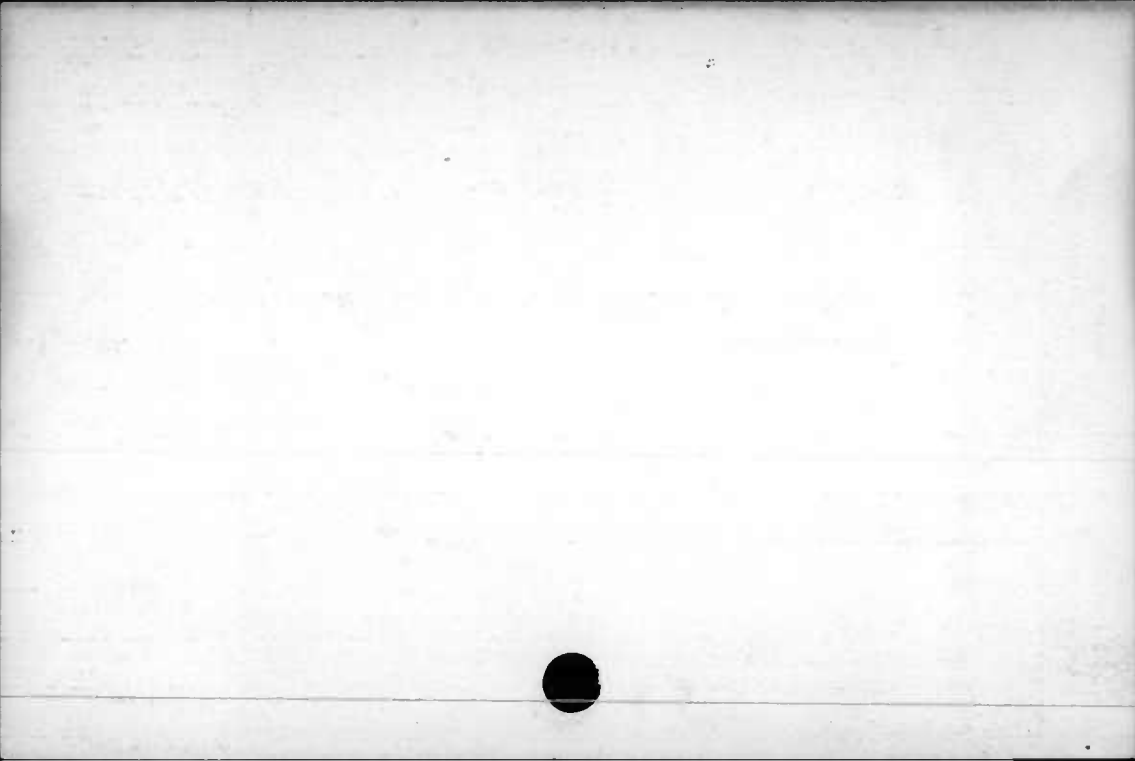
CAUSES OF DEATH

ATTENDING
OF CORONER

Primary <u>Fractured Skull + Internal Injuries</u>	How long _____
Immediate <u>" "</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of <u>August W. Miller, Coroner</u>
<u>Railroad accident</u>	Address <u>Port Williams Ind.</u>

G. Leimbach & Sons
Balt. Cemetery.

Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Calumville</u>				<u>Ball</u>		MARYLAND			
		Date of death <u>1905</u>		Month <u>May</u>		Day <u>30</u>		Age <u>52</u>		Months <u>7</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Berlin Germany</u>		Days <u>4</u>			
		Occupation <u>Retired</u>				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband <u>Elizabeth Sternberg</u>					
PHYSICIAN OR CORONER		Father's Name <u>Alexander Sternberg</u>				Father's Birthplace <u>Germany</u>					
		Mother's Maiden Name <u>Wagner</u>				Mother's Birthplace <u>"</u>					
		Name of person giving information <u>Ida Sternberg</u>				How related to deceased <u>Daughter</u>					
		CAUSES OF DEATH									
		Primary <u>Diabetes. Albuminuria</u>				How long <u>50</u>					
		<u>Uraemia</u>				How long <u>6 years</u>					
		Immediate <u>Uraemia</u>				How long <u>hours</u>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>Dr. J. M. Mattfeldt</u>					
		Address <u>Calumville Md</u>				Accident or Suicide?					



Name in Full

Certificate of Death

Ella G Swamer

Town

County

Died at

Highland Balto

MARYLAND

Date 1905-189

Month

Day

Y.

M.

D.

Native of

Occupation

5-23

Age

29-8--

Md

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband
of
WifeFather's
Name

Morton Knight

Mother's
Name

Venetta Cole

Cause of

Primary

Pneumonia

How long sick

8 day

Death

Immediate

Accident, Suicide, Homicide

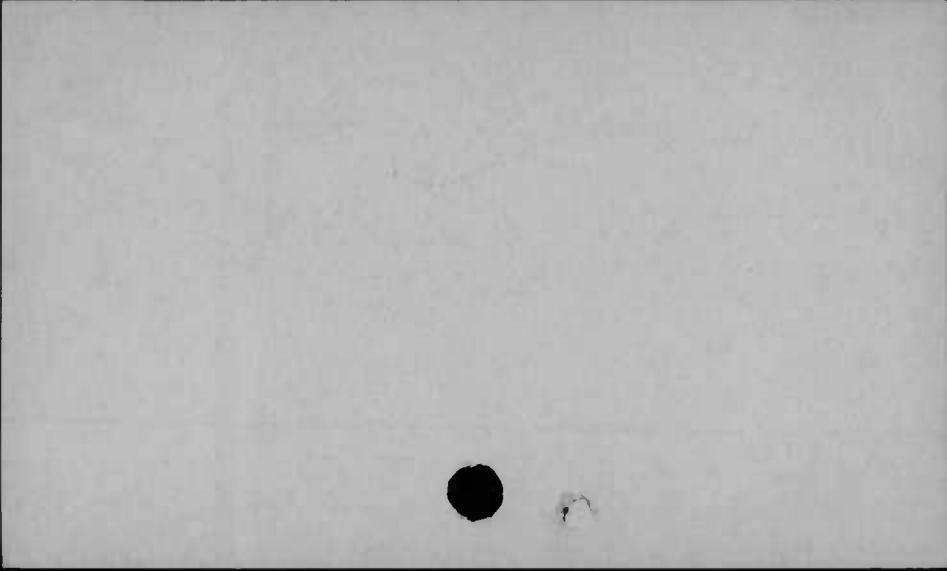
Reported by

J. S. Warner

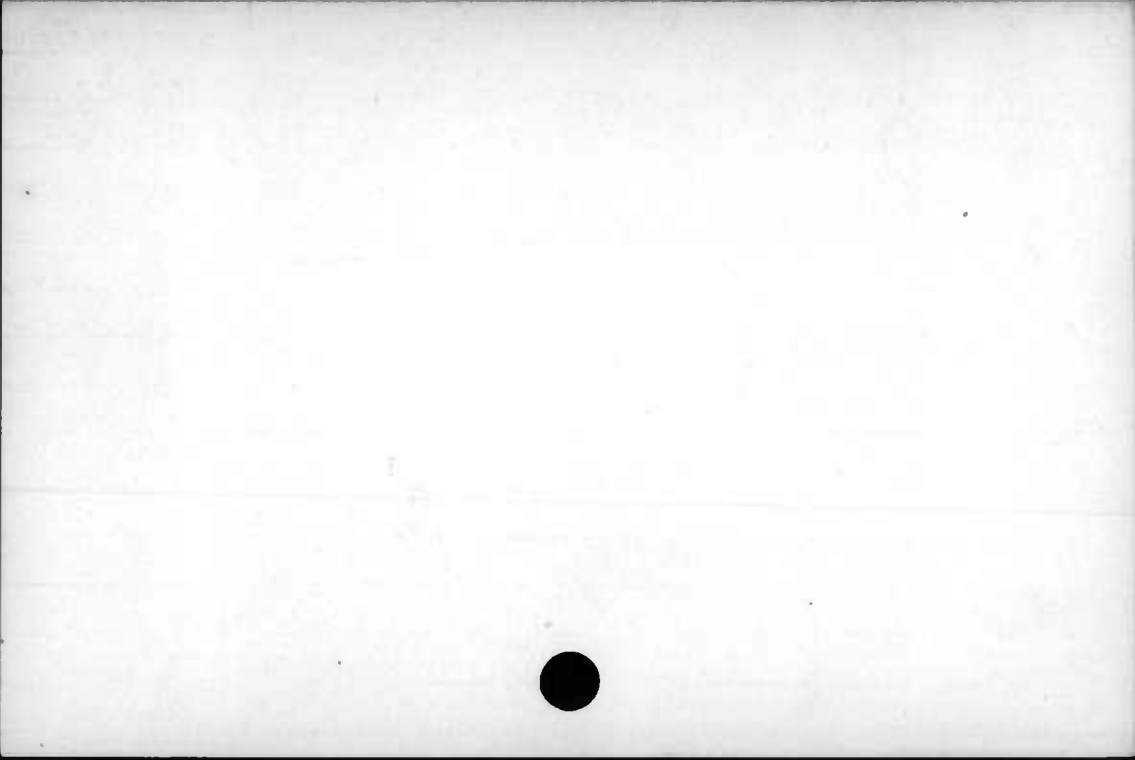
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REEB



Name in Full		Louis J. Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Hope Retreat		County Baltimore		MARYLAND
	Date of death	1905	Month May	Day 5-18	Years Age 37	Months Unknown	Days Unknown
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Harness Maker			Where Residing if not at place of death Baltimore Md.		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	"				Mother's Birthplace	"
	Name of person giving information	Recks of Mt Hope Retreat				How related to deceased	Not at all
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Mania Chronic				How long	abt 10 yrs
	Immediate	Chron. Pul. Tuberculosis				How long	abt 10 or 12 yrs
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Frank J. Flannery	
	Accident or Suicide?				Address	Mt Hope Retreat Baltimore Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Thouten

Town

County

Died at Endowed Sanitarium Balto

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

5

14

Age

16

Sex

male

Color or
Race

white

Birth-
place

not known

Married, Single
or Widowed

Single

Occupation

Printer

Name of Wife or
HusbandFather's
Name

unknown

Father's
Birthplace

Ireland

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
In formation

Miss Hoffmann

How related
to deceased

none

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 1/2 years

Immediate

Exhaustion

How long

2 1/2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. A. Janett
London,
Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER

Waucho
over 1000

Name in Full		MARTHA LARETT TODD				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Washington		County Baltimore		MARYLAND	
	Date of death	1905	Month May	Day 26	Age 56	Months 3	Days 28
	Sex	Female		Color or Race	white		
	Occupation	Housewife		Birth-place	Baltimore Md		
	Where Residing if not at place of death						
	Married, Single or Widowed	married		Name of Wife or Husband	Dr William J Todd		
	Father's Name	Charles Thomas Camm			Father's Birthplace	Md or Pa	
Mother's Maiden Name	Clara H. Johnson			Mother's Birthplace	Baltimore		
Name of person giving information	Mrs Clara C. Naylor			How related to deceased	sister		
CAUSES OF DISEASE							
PHYSICIAN OR CORONER	Primary	Mamma Adeno-Carcinoma with General metastasis.				How long	3 to 4 years
	Immediate	Asphyxia				How long	6 mos
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	William J Todd		
	Address	Mt Washington					
Accident or Suicide?							

As Marshall May 26-05
Greenwood Cemetery
Baltimore City

Name
in
Full

Austin Tucker

CERTIFICATE OF DEATH

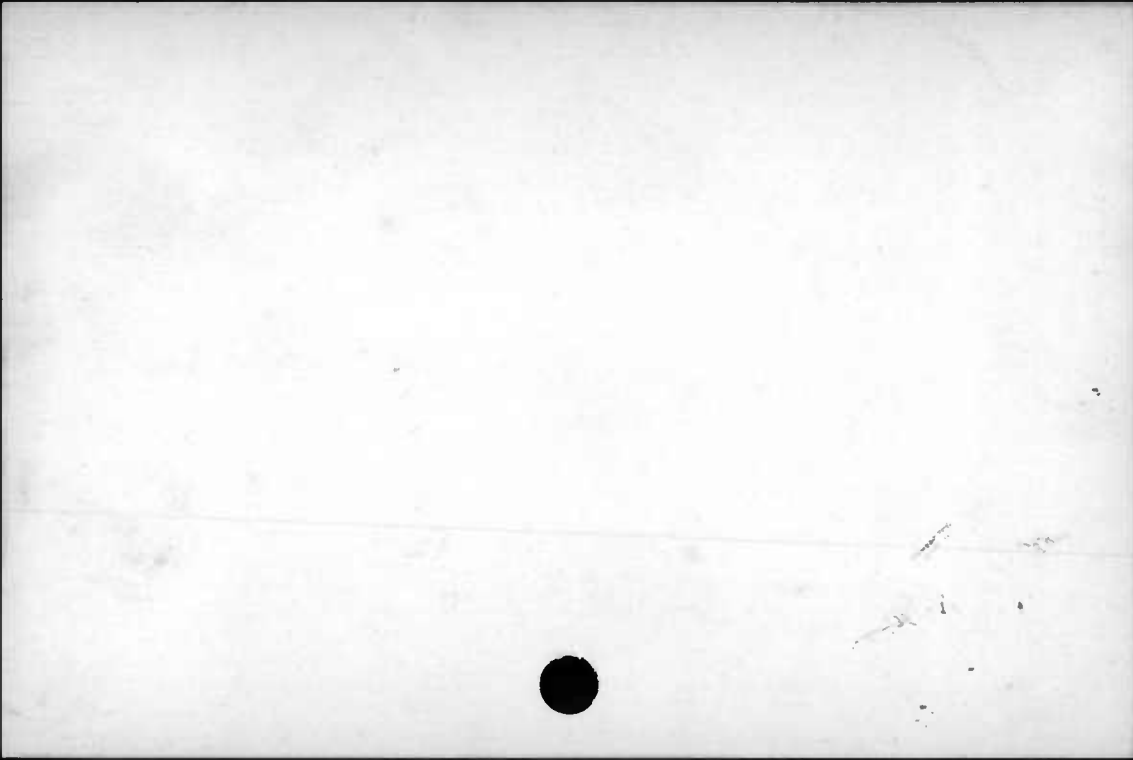
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>May</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>male</i>		Color or Race <i>Colum</i>		Birth-place <i>Reisterstown</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Fannie Tucker</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Auntie Tucker</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>14 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. M. Seale</i>	
		Address <i>Reisterstown Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Turner

CERTIFICATE OF DEATH

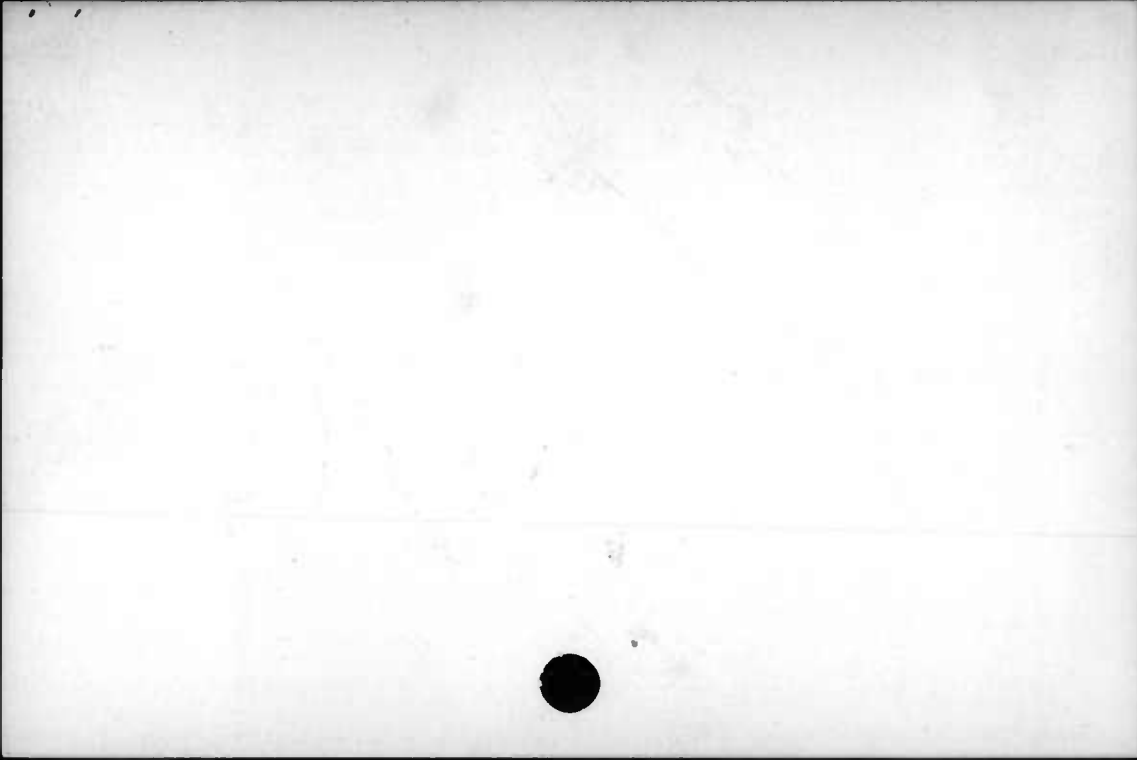
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>14</i>	Age <i>—</i> Years	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Wt Washington</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Tom Turner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah Morris</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Sarah Morris</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>8 hours</i>
Immediate <i>Inanition</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Butler</i>
	Address <i>Wt Washington</i>
Accident or Suicide?	<i>Ind</i>



Name
in
FullMary L. Van Order
near Aella

CERTIFICATE OF DEATH

MARYLAND

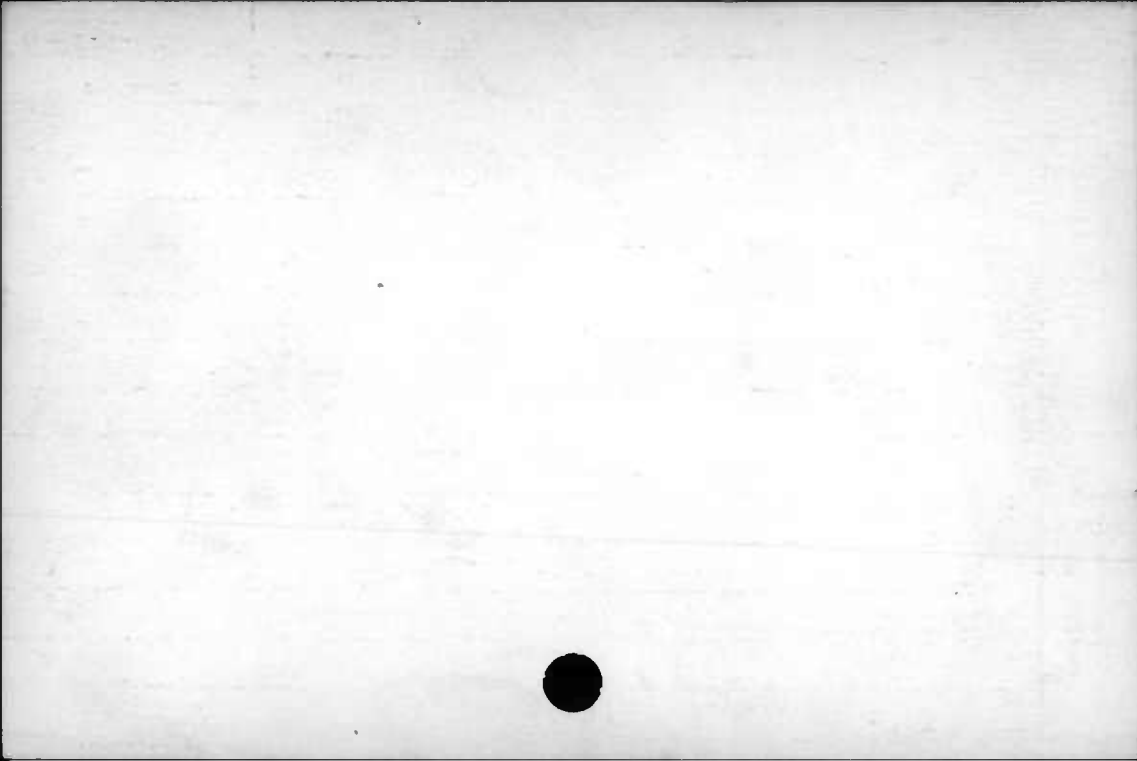
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		Months		Days	
Date of death		Month		Day		Years		Days	
1906		May		30		83		—	
Sex		Color or Race		Birth-place					
Female		White		Md.					
Occupation				Where Residing if not at place of death					
House duties				—					
Married, Single or Widowed				Name of Wife or Husband					
Widow				—					
Father's Name				Father's Birthplace					
Greenbury Gallion				Md					
Mother's Maiden Name				Mother's Birthplace					
not known				—					
Name of person giving information				How related to deceased					
David H. Van Order				Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phenematin	How long	6 months
Immediate	Serib. Asthenia	How long	8 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. J. Byrne	
J. J. Byrne		Address	
		Ellicott City Md	
Accident or Suicide?			



Name

in
Full

Charles Ving

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Balti</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>5</i>	Day <i>29</i>	Age <i>47</i>	Years	Months <i>1</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Richmond Va</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>518 Lombard St. E. E. Va</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaretha Ving</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Margaretha Ving</i>				How related to deceased <i>Wife</i>			

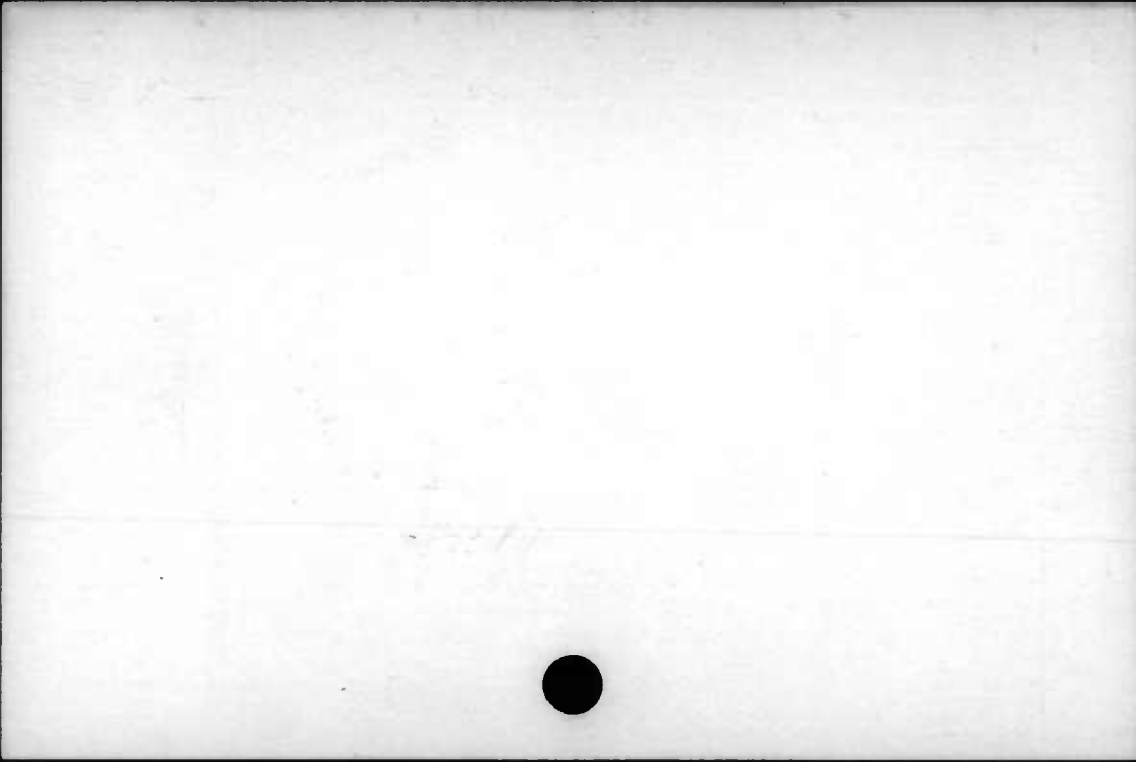
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>4 hours</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gas L. Truapaw</i>
	Address <i>344 Gough Highlandtown</i>
Accident or Suicide? <i>No</i>	

J Kernig & Son
5th Ger. Ref. Lem.
5/31/05.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Glyndon</i>		County <i>Baltimore</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>May</i>	Day	Age <i>—</i>	Years <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>	
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name			Father's Birthplace <i>—</i>	
	Mother's Maiden Name			Mother's Birthplace <i>—</i>	
Name of person giving information			How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Unknown</i>		How long <i>Unknown</i>		
	Immediate <i>Unknown</i>		How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. C. J. P. Corcoran</i>		
	Address <i>Glyndon, Md.</i>		Address <i>—</i>		
	Accident or Suicide? <i>—</i>		Address <i>—</i>		



Name
in
Full

Catherine Warren

CERTIFICATE OF DEATH

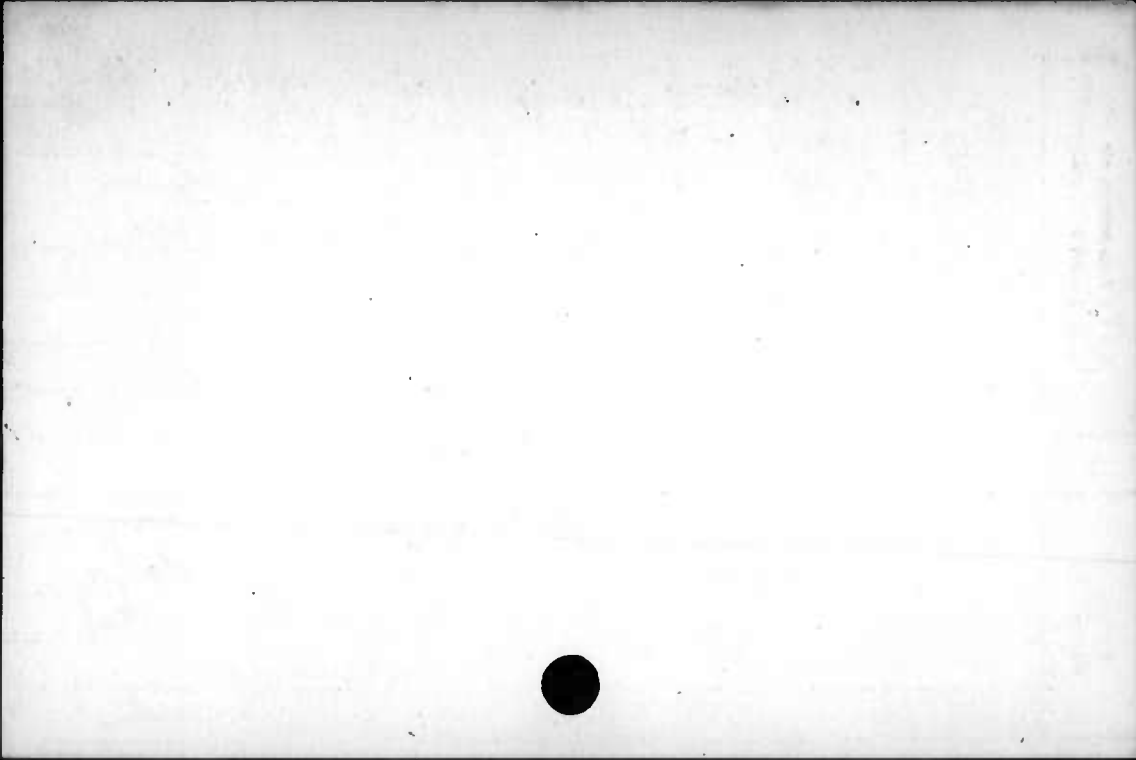
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irrington</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>23</i>	Age <i>25</i>	Years <i>10</i>	Months <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington DC</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Noble Warren</i>			
Father's Name <i>Casper Herbert</i>			Father's Birthplace <i>Washington DC</i>		
Mother's Maiden Name <i>Amelia Gellerman</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Mrs H. Ulrich</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>2 years</i>
Immediate <i>Cardiac dilatation</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. W. Jones M.D.</i>
	Address <i>1296 Frederick Ave.</i>
Accident or Suicide? <i>No.</i>	<i>P. B. B. M.D.</i>



Name
in
Full

Laura O. Waters,

CERTIFICATE OF DEATH

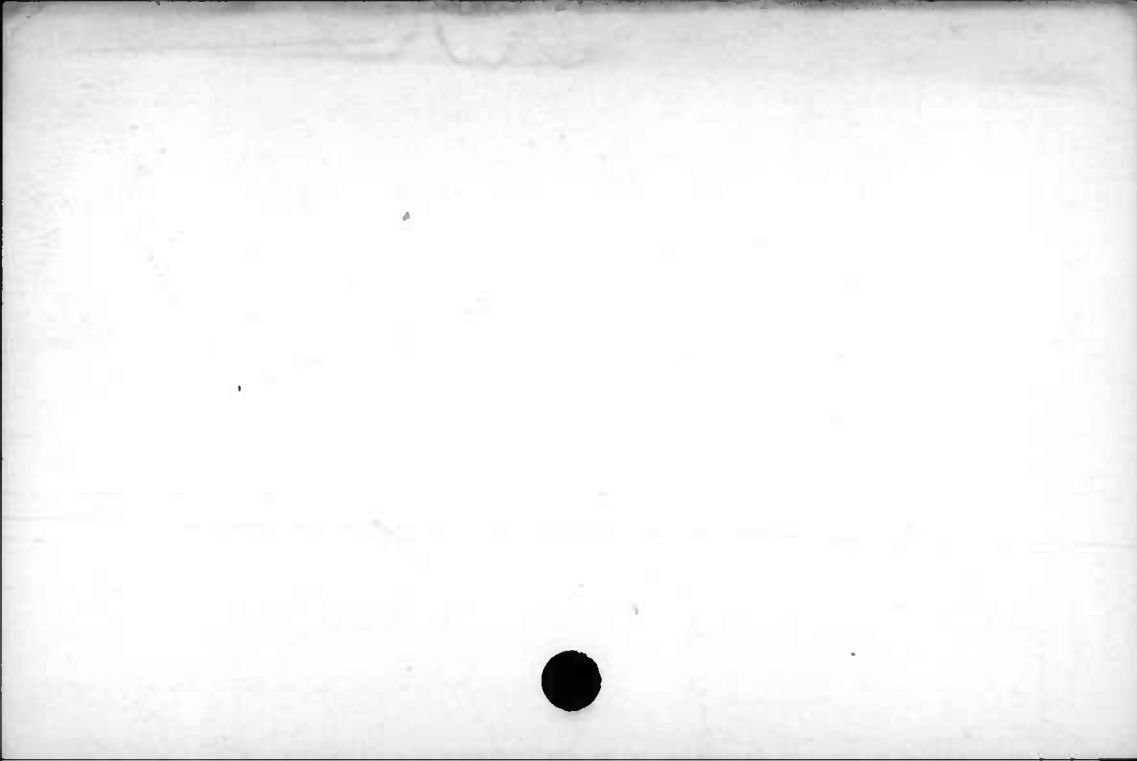
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>28</i>
Sex	<i>female</i>	Color or Race	<i>Colored</i>	Age	<i>61</i>
Occupation	<i>Housewife</i>		Birth-place	<i>Virginia</i>	
Where Residing if not at place of death	<i>Catonville</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Frank Waters</i>				
Father's Name	<i>—</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Husband</i>			How related to deceased	<i>—</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia Left</i>	How long	<i>2 days</i>
Immediate	<i>Asthenia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Marshall B. West</i>
Address	<i>Catonville</i>		<i>md</i>
Accident or Suicide?	<i>—</i>		



Name in Full

Certificate of Death

Margaret Mellin

Died at ^{Town} Paskville ^{County} Balt MARYLAND

Date 1905 Month 5 Day 3 Age 70 Y. M. D. Native of Germany Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Geo Mellin

Wife of
Father's Name

Mother's Name

Cause of Death { Primary Organic Heart Ills - one year
Immediate Dropsy

How long sick 19
Accident, Suicide, Homicide

Reported by

E G Darling

Address

Lauraville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70700



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bernard Wilson

Town *St. Agnes' Hosp.* County *Balto.* MARYLAND

Died at

Date of death *1905* Month *May* Day *24* Age *85* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Balto.*

Occupation *None* Where Residing if not at place of death

~~Married, Single or Widowed~~ *Widowed* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long

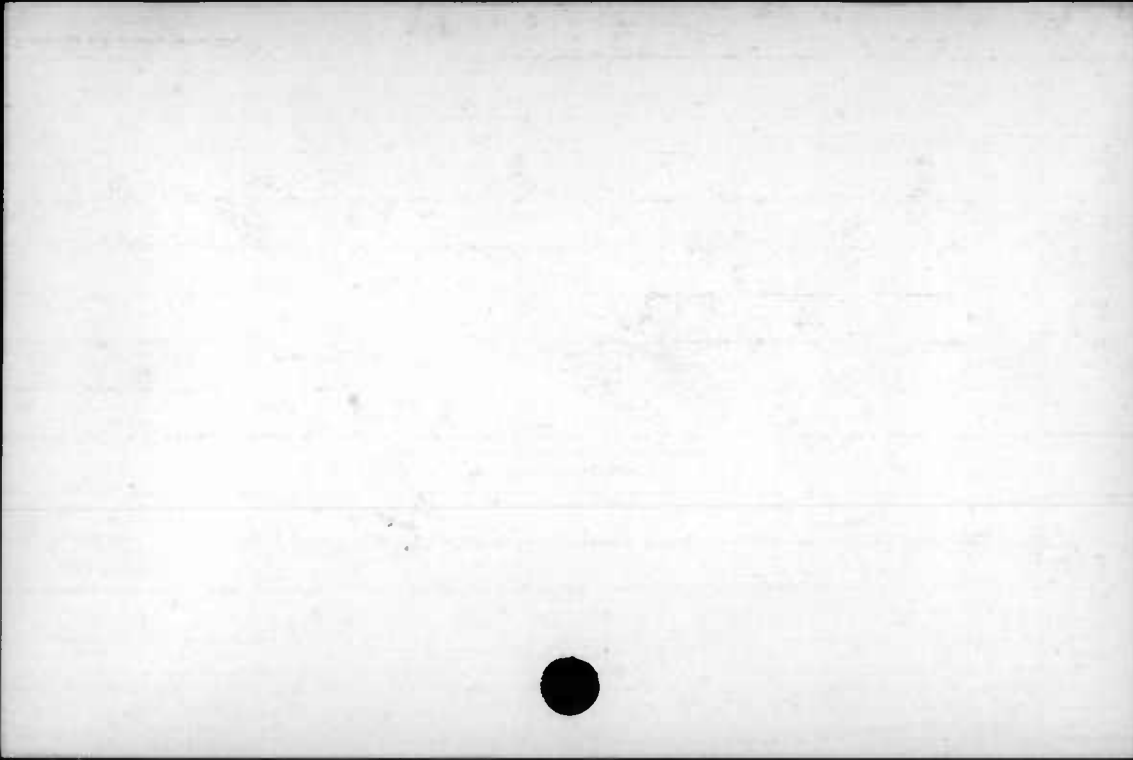
Immediate *Suburinary Aedema* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. T. Moore M.D.*

Address *St. Agnes Hospital*

Accident or Suicide?



Name
in
Full

Hannah Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

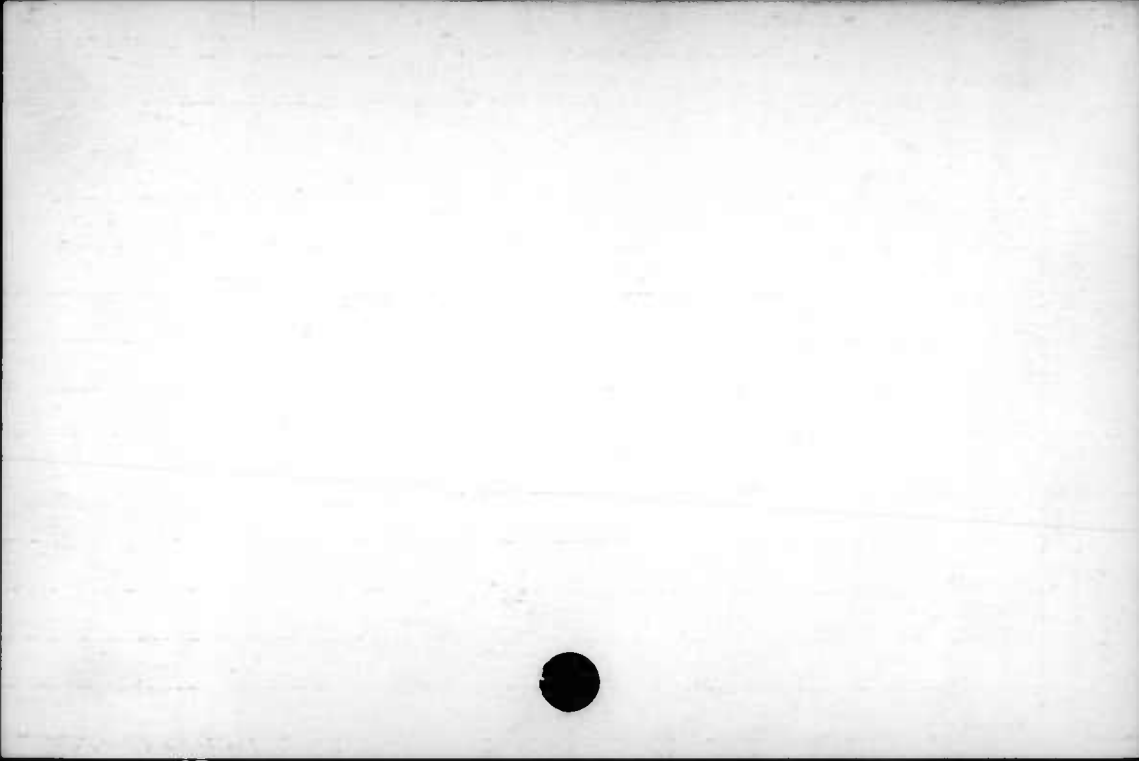
MARYLAND

Died at <i>Walkers</i> Town		<i>Balto</i> County			
Date of death <i>1905</i>	Month <i>5</i>	Day <i>13</i>	Age <i>73</i>	Months <i>5</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>		
Occupation <i>House Keeping</i>		Where Residing if not at place of death <i>Near Walkers</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John T. Wilson</i>				
Father's Name <i>Walter B. Walker</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Abriel Stade</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Joseph Wilson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Bright Disease of Kidneys</i>	How long	<i>About 5 Months</i>
Immediate	<i>General Droopy with Heart Trouble</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. H. Hunter M.D.</i>
		Address	<i>Wiseburg Balto Co Md</i>
Accident or Suicide?			



Name
in
Full

Maurice A. Wilson

CERTIFICATE OF DEATH

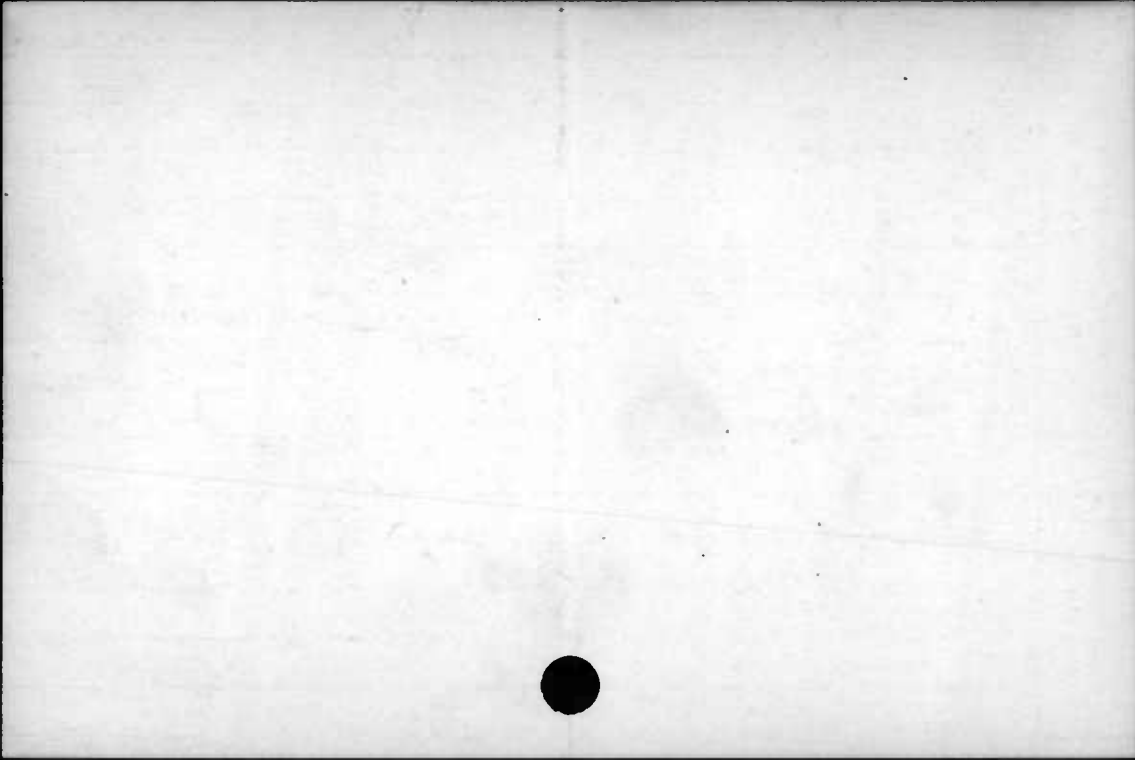
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Pt.</i>		County <i>Balto -</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>6</i>	Age <i>14</i>	Months <i>10</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Col -</i>		Birth-place <i>Va -</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Sparrow's Pt.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Wm C. Wilson</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Margaret Hawkins</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Wm C. Wilson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uremic Poisoning</i>	How long <i>36 hours</i>
Immediate <i>Exhaustion</i>	How long <i>10 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. K. Bellacchini M.D.</i>
	Address <i>Sparrow's Pt. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William John Wilson

Town

County

Died at Piney Hill

Baltimore

MARYLAND

Date

of death 1905

Month

5

Day

29

Age

Years

80

Months

9

Days

Sex

male

Color or
Race

white

Birth-
place

Phila.

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary E. Ryan

Father's
Name

John Wilson

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

Dorcas Wilson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile Gangrene

How long

4 mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

T. Ross Payne

Address

Cortez

Accident or Suicide?

No

m

